

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

2005 AR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

2005 JUL 29 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N24956

1. Corporation Name

LAKE POINT HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

1928 LAKE WORTH RD

Suite, Apt. #, etc.

3. Mailing Office Address

1928 LAKE WORTH RD.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33461

Country

USA

City & State

LAKE WORTH, FL

Zip

33461

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650100358

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ASSOCIATED PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)

1928 LAKE WORTH ROAD

Suite, Apt. #, Etc.

300058047183

07/29/05-01059-002 \*\*236.25

City

LAKE WORTH

State

FL

Zip Code

33461

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/19/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>IMBER, MICHAEL</u>	<u>12655 WHITE CORAL DR.</u>	<u>WELLINGTON, FL 33414</u>
<u>VP</u>	<u>BLUMBERG, JEFFREY</u>	<u>12688 WHITE CORAL DR.</u>	<u>WELLINGTON, FL 33414</u>
<u>T</u>	<u>LUCAS, PREDI</u>	<u>12611 WHITE CORAL DR.</u>	<u>WELLINGTON, FL 33414</u>
<u>D</u>	<u>SHULMAN, JACK</u>	<u>12644 WHITE CORAL DR.</u>	<u>WELLINGTON, FL 33414</u>
<u>D</u>	<u>SASS, SHARON</u>	<u>12617 WHITE CORAL DR.</u>	<u>WELLINGTON, FL 33414</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL H. IMBER

Date

7/22/05

Daytime Phone #

561 8181055