

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90026 034 ****61.25

DOCUMENT # N03570

1. Entity Name

LAKE POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

6939 N. WICKHAM ROAD
MELBOURNE FL 32940

Mailing Address

6939 N. WICKHAM ROAD
MELBOURNE FL 32940



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2625033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

STEWART, FRANCES
6939 N WICKHAM RD
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHULTZ, MAGGIE ☒ Delete
STREET ADDRESS 331 MYRTLEWOOD ROAD
CITY-ST-ZIP MELBOURNE FL 32940

TITLE VP
NAME BRATTON, PAM ☐ Delete
STREET ADDRESS 383 CYPRESS POINT DR.
CITY-ST-ZIP MELBOURNE FL 32940

TITLE T
NAME DAWSON, CLIFF ☐ Delete
STREET ADDRESS 383 MYRTLEWOOD ROAD
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D
NAME SANDLER, ELAINE ☐ Delete
STREET ADDRESS 387 CYPRESS POINT DR
CITY-ST-ZIP MELBOURNE FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME MARK RAY
STREET ADDRESS 339 MYRTLEWOOD Rd
CITY-ST-ZIP MELBOURNE FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cliff Dawson

CLIFF DAWSON T

3-10-08

321-242-2746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #