

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03570

**Entity Name:** LAKE POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3270 SUNTREE BLVD., #216  
MELBOURNE, FL 32940

**Current Mailing Address:**

3270 SUNTREE BLVD., #216  
MELBOURNE, FL 32940

**FEI Number:** 59-2625033

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OMEGA COMMUNITY MANAGEMENT, INC.  
3270 SUNTREE BLVD., #216  
MELBOURNE, FL 32940 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SCHULTZ, MARGUERITE  
Address 3270 SUNTREE BOULEVARD  
SUITE 216  
City-State-Zip: MELBOURNE FL 32940

Title TD.  
Name DAWSON, CLIFF  
Address 3270 SUNTREE BOULEVARD  
SUITE 216  
City-State-Zip: MELBOURNE FL 32940

Title VPD  
Name ROBINSON, JOAN  
Address 3270 SUNTREE BOULEVARD  
SUITE 216  
City-State-Zip: MELBOURNE FL 32940

Title SD.  
Name AIKINS, MELISSA  
Address 3270 SUNTREE BOULEVARD  
SUITE 216  
City-State-Zip: MELBOURNE FL 32940

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGUERITE SCHULTZ

**PRESIDENT**

**04/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date