

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03570

Entity Name: LAKE POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955

Current Mailing Address:

7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955 US

FEI Number: 59-2625033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OMEGA COMMUNITY MANAGEMENT, INC.
7145 TURNER ROAD
SUITE 101
ROCKLEDGE, 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 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title VPD
Name ROBINSON, JOAN
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title TD.
Name DAWSON, CLIFF
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title SD.
Name WILLIAMSON, KATHIE
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title DIR
Name SINANDER, NATHAN
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title DIR
Name MEYERS, CONNIE
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

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

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date