

2015 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	VPD
Name	ROBINSON, JOAN
Address	3270 SUNTREE BOULEVARD SUITE 216
City-State-Zip:	MELBOURNE FL 32940

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

Title	SECD
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: SCHULTZ , MARGUERITE**PRESIDENT****04/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date