

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24956

Entity Name: LAKEPOINT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2950 JOG ROAD
GREEN ACRES, FL 33467**Current Mailing Address:**2950 JOG ROAD
GREEN ACRES, FL 33467 US**FEI Number:** 65-0100358**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER AND POLIAKOFF, P.A.
625 FLAGLER DR 7 FLOOR
WEST PALM BEACH, FL 33401 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	DIRECTOR
Name	BLOMBERG, JEFFREY
Address	12668 WHITE CORAL DR
City-State-Zip:	WELLINGTON FL 33414

Title	PRESIDENT
Name	CLAUSEN, JOHN
Address	12654 WHITE CORAL DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	VP
Name	GARRET, LOIS
Address	12676 WHITE CORAL DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	TREASURER, SECRETARY
Name	LUCAS, FRED A
Address	12611 WHITE CORAL DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	IMBER, MICHAEL
Address	12655 WHITE CORAL DRIVE
City-State-Zip:	WELLINGTON FL 33414

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: JOHN CLAUSEN**PRESIDENT****03/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date