


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90079 033 ****61.25

0021884

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 756153					
1. Corporation Name LAKE POINTE OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O D.C.I., INC. 2901 SIMMS STREET HOLLYWOOD FL 33020 US			Mailing Address C/O D.C.I., INC. 2901 SIMMS STREET HOLLYWOOD FL 33020 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/02/1981	
4. FEI Number 59-2091973		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution			
9. Name and Address of Current Registered Agent DEVELOPMENT CONSULTANTS, INC. 2901 SIMMS STREET ATTN: ANDREW MEYROWITZ HOLLYWOOD FL 33020			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, DAVID	1.2 NAME	
STREET ADDRESS	218 LAKE POINTE DR. #208	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, SAM	2.2 NAME	FRANCIS HOLMES
STREET ADDRESS	213 LAKE POINTE DR. #202	2.3 STREET ADDRESS	115 Lake Emerald Drive # 105
CITY-ST-ZIP	OAKLAND PK. FL	2.4 CITY-ST-ZIP	Oakland Park 33309
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAG, BOB	3.2 NAME	
STREET ADDRESS	212 LAKE POINTE DR. #305	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PK. FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, W.A.	4.2 NAME	EDGAR WORTS
STREET ADDRESS	218 LAKE POINTE DR #207	4.3 STREET ADDRESS	218 Lake Pointe Drive # 101
CITY-ST-ZIP	OAKLAND PARK FL	4.4 CITY-ST-ZIP	Oakland Park, Florida 33309
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POFI, MARIO	5.2 NAME	
STREET ADDRESS	205 LAKE POINTE DR #106	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PK. FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISH, RALPH	6.2 NAME	
STREET ADDRESS	2805 E OAKLAND PARK BLVD #296	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature] President 1/27/99 954-979-6608
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)