2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **756153** 1. Entity Name LAKE POINTE OWNERS' ASSOCIATION, INC. 03-20-2000 90114 003 \*\*\*\*61.25 Mailing Address Principal Place of Business C/O D.C.I., INC. C/O D.C.I., INC. 2901 SIMMS STREET 2901 SIMMS STREET HOLLYWOOD FL 33020-1510 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2091973 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DEVELOPMENT CONSULTANTS, INC. 2901 SIMMS STREET ATTN: ANDREW MEYROWITZ Zip Code City FL HOLLYWOOD FL 33020 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition **VID** Delete TITLE TITLE NAME BROCK, DAVID NAME STREET ADDRESS STREET ADDRESS 218 LAKE POINTE DR. #208 CITY-ST-ZIP CITY-ST-ZIF OAKLAND PARK FL ☐ Change Addition Delete TITLE TITLE HOLMES, FRANCIS NAME NAME STREET ADDRESS STREET ADDRESS 115 LAKE EMERALD DRIVE #105 CITY-ST-2IP. CITY-ST-ZIP -OAKLAND PK. FL 33309 ☐ Change Addition PD ☐ Delete TITLE TITLE HAAG, BOB NAME NAME STREET ADDRESS 212 LAKE POINTE DR. #305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND PK. FL Addition Change ☐ Delete TITLE PENNY KING 212 LAKE POINTEDEH 101 TITLE NAME WORTS, EDGAR NAME STREET ADDRESS 218 LAKE POINTE DRIVE #101 STREET ADDRESS CITY-ST-ZIP DAKLAND PAPK FL CITY-ST-ZIP OAKLAND PARK FL 33309 Delete TITLE Change
Ch Addition TITLE CORSINO, R.J. POFI, MARIO NAME NAME STREET ADDRESS STREET ADDRESS 212 LAKE POINTE DR. #103 205 LAKE POINTE DR #106 CITY-ST-ZIF CITY-ST-ZIP OAKLAND PARK, FL OAKLAND PK. FL

12. 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 report or supplemental 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

KISH, RALPH

FT LAUDERDALE FL

2805 E OAKLAND PARK BLVD #296

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. HARG Jr. 3/9/00 954-979-1

( Change

☐ Addition