

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

0018513

**DOCUMENT # 756153**

1. Entity Name

**LAKE POINTE OWNERS' ASSOCIATION, INC.**

03-24-2002 90031 041 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O D.C.I. INC.  
 2901 SIMMS STREET  
 HOLLYWOOD FL 33020  
 US

C/O D.C.I. INC.  
 2901 SIMMS STREET  
 HOLLYWOOD FL 33020  
 US

000000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**C/O D.C.I. INC.**  
 Suite, Apt. #, etc.  
**2035 Harding ST #200**  
 City & State  
**Hollywood FL**  
 Zip  
**33020**  
 Country  
**USA**

**C/O D.C.I. INC.**  
 Suite, Apt. #, etc.  
**2035 Harding ST #200**  
 City & State  
**Hollywood FL**  
 Zip  
**33020**  
 Country  
**USA**

4. FEI Number  
**59-2091973**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEVELOPMENT CONSULTANTS, INC.**  
~~2901 SIMMS STREET~~  
**ATTN: ANDREW MEYROWITZ**  
**HOLLYWOOD FL 33020**

*Change of address*

~~Name~~  
~~Development Consultants, Inc.~~  
 Street Address (P.O. Box Number is Not Acceptable)  
**2035 Harding ST**  
**#200**  
 City  
**Hollywood**  
 State  
**FL**  
 Zip Code  
**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | VTD                      | <input type="checkbox"/> Delete            |
| NAME           | BROCK, DAVID             |                                            |
| STREET ADDRESS | 218 LAKE POINTE DR. #208 |                                            |
| CITY-ST-ZIP    | OAKLAND PARK FL          |                                            |
| TITLE          | PD                       | <input type="checkbox"/> Delete            |
| NAME           | HAAG, BOB                |                                            |
| STREET ADDRESS | 212 LAKE POINTE DR. #305 |                                            |
| CITY-ST-ZIP    | OAKLAND PK. FL           |                                            |
| TITLE          | <del>SECRETARY</del>     | <input type="checkbox"/> Delete            |
| NAME           | KING, PENNY              |                                            |
| STREET ADDRESS | 212 LAKE POINTE DR #101  |                                            |
| CITY-ST-ZIP    | OAKLAND PARK FL          |                                            |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | CORSINO, R J             |                                            |
| STREET ADDRESS | 212 LAKE POINTE DR #103  |                                            |
| CITY-ST-ZIP    | OAKLAND PK. FL           |                                            |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |

|                |                             |                                                                              |
|----------------|-----------------------------|------------------------------------------------------------------------------|
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DAVID HORWITZ               |                                                                              |
| STREET ADDRESS | 10563 Buttonwood Lake Dr    |                                                                              |
| CITY-ST-ZIP    | Boca Raton, FL 33498        |                                                                              |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Olga Farrell                |                                                                              |
| STREET ADDRESS | 216 Lake Point Drive #120   |                                                                              |
| CITY-ST-ZIP    | OAKLAND PARK, FL 33309      |                                                                              |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Eduardo Diaz                |                                                                              |
| STREET ADDRESS | 205 Lake Pointe Drive, #101 |                                                                              |
| CITY-ST-ZIP    | Oakland Park, Florida 33309 |                                                                              |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GOREAN BAJRMOUC             |                                                                              |
| STREET ADDRESS | 204 Lake Pointe Dr #204     |                                                                              |
| CITY-ST-ZIP    | Oakland Park, FL 33309      |                                                                              |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BRENDA WHITE                |                                                                              |
| STREET ADDRESS | 213 Lake Pointe Drive, #112 |                                                                              |
| CITY-ST-ZIP    | Oakland Park, Florida 33309 |                                                                              |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JAUSSEN Meredith            |                                                                              |
| STREET ADDRESS | 216 Lake Pointe Drive #118  |                                                                              |
| CITY-ST-ZIP    | Oakland Park, Florida 33309 |                                                                              |

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 empowered 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.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (9/01)