

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90136 026 \*\*\*\*61.25

14021125

**DOCUMENT # 756153**

1. Entity Name  
LAKE POINTE OWNERS' ASSOCIATION, INC.



Principal Place of Business  
GODCL, INC  
2035 HARDINGST, #200  
HOLLYWOOD, FL 33020 US

Mailing Address  
GODCL, INC  
2035 HARDINGST, #200  
HOLLYWOOD, FL 33020 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2091973

Applied For  
Not Applicable

Zip

Country

Zip

Country

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.  
2035 HARDING ST  
#200  
HOLLYWOOD, FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BROCK, DAVID  
STREET ADDRESS 218 LAKE POINTE DR. #208  
CITY-ST-ZIP OAKLAND PARK, FL 33309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME BRENNEN-JAMES, CINDY  
STREET ADDRESS 202 LAKE POINTE DR., #203  
CITY-ST-ZIP OAKLAND PARK, FL 33309

TITLE ☒ Change ☐ Addition  
NAME BRENNEN-JAMES, CINDY  
STREET ADDRESS 202 LAKE POINTE DRIVE #203  
CITY-ST-ZIP OAKLAND PARK, FL 33309

TITLE SD ☐ Delete  
NAME KING, PENNY  
STREET ADDRESS 216 LAKE POINTE DR., #101  
CITY-ST-ZIP OAKLAND PARK, FL 33309

TITLE ☒ Change ☐ Addition  
NAME KING PENNY  
STREET ADDRESS 216 LAKE POINTE DR #101  
CITY-ST-ZIP OAKLAND PARK, FL 33309

TITLE TD ☐ Delete  
NAME MIRCHEV, ROD  
STREET ADDRESS 206 LAKE POINTE DR., #207  
CITY-ST-ZIP OAKLAND PARK, FL 33309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME THURBERG, JOHN  
STREET ADDRESS 206 LAKE POINTE DR., #207  
CITY-ST-ZIP OAKLAND PARK, FL 33309

TITLE ☒ Change ☐ Addition  
NAME THUNBERG, STEVE  
STREET ADDRESS 206 LAKE POINTE DR # 207  
CITY-ST-ZIP OAKLAND PARK, FL 33309

TITLE D ☒ Delete  
NAME BERNARDI, JOHN  
STREET ADDRESS 201 LAKE POINTE DR. #104  
CITY-ST-ZIP OAKLAND PARK, FL 33309

TITLE ☐ Change ☒ Addition  
NAME MASUM, ROWSAN ARA  
STREET ADDRESS 214 LAKE POINTE DR # 210  
CITY-ST-ZIP OAKLAND PARK, FL 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:

*David Brock, President*

3-24-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #