

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90486 028 \*\*\*\*61.25

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04102005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 756153</b> 1. Entity Name LAKE POINTE OWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O D.C.I., INC. 2035 HARDING ST, #200 HOLLYWOOD, FL 33020 US		Mailing Address C/O D.C.I., INC. 2035 HARDING ST, #200 HOLLYWOOD, FL 33020 US	
2. Principal Place of Business <i>C/O Phoenix Management</i> Suite, Apt. #, etc. <i>4780 N. St Rd 7, Ste E250</i> City & State <i>Lauderdale Lakes, FL</i> Zip <i>33319</i> Country <i>USA</i>		3. Mailing Address <i>C/O Phoenix Management</i> Suite, Apt. #, etc. <i>4780 N. St Rd 7, Ste E250</i> City & State <i>Lauderdale Lakes, FL</i> Zip <i>33319</i> Country <i>USA</i>	
4. FEI Number 59-2091973		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DEVELOPMENT CONSULTANTS, INC. 2035 HARDING ST #200 HOLLYWOOD, FL 33020	
7. Name and Address of New Registered Agent Name <i>CHERYL LEVIN, Esq</i> Street Address (P.O. Box Number is Not Acceptable) <i>COURTYARD BUSINESS CENTER</i> <i>4694 NW 103rd Avenue</i> City <i>SUNRISE</i> FL Zip Code <i>33351</i>		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 <i>Cheryl J. Levin</i> DATE <i>4/28/05</i> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROCK, DAVID 218 LAKE POINTE DR. #208 OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRENNEN-JAMES, CINDY 202 LAKE POINTE DR., #203 OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> KING, PENNY 212 LAKE POINTE DR., #101 OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIRCHEV, ROD 206 LAKE POINTE DR., #207 OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THUNBERG, STEVE 206 LAKE POINTE DR., #207 OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASUM, ROWSAN ARA 214 LAKE POINTE DR., #207 OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SP</i> RITA HARTING 216 LAKE POINTE DR #219 OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> Richard Rahmcy 208 LAKE POINTE DR #108 OAKLAND PARK, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 empowerments.			
SIGNATURE: <i>Rod Mirchev</i> TREASURER		Date <i>4-28-05</i>	