## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 17, 2008 8:00 am Secretary of State

DOCUMENT # 756153  1. Entity Name LAKE POINTE OWNERS' ASSOCIATION, INC.				ľ	1-17-2008 90022			
Principal Place of Business C/O PHOENIX MANGE 4800 N ST RD 7, STE F150 LAUDERDALE LAKES, FL 33319 US  Mailing Address C/O PHOENIX MANGE 4800 N ST RD 7, STE F15 LAUDERDALE LAKES, FL 3400 N ST RD 7, STE F15 LAUDERDALE LAKES, FL					. 1731 1814 1810 181 181 181 183		<b>1</b> 511 <b>81 81</b> 5 <b>08</b> 1	
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 C	hg-NP CR2	E037 (12/06)		
City & State		City & State		4. FEI Number 59-209197	73		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CHERYL LEVIN, ERA			Name	Name				
CHERYL LEVIN, ERA COURTYARD BUSINESS CENTER 4694 NW 103RD AVENUE			Street Address		s (P.O. Box Number is Not Acceptable)			
SUNRISE, FL 33351								
			City		F	Zip Cod	le	
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.								
01011477107					-			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Agent signature requ	ired when reinstating)	 DAT	TF.		
SIGNATURE	<u> </u>	<del></del>	gistered Agent signature requi	<del></del>	DATE CH	· .	^	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees	Make,ch	eck payable t	o tate	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Campai Trust Fund Contr	ign Financing ribution.	\$5.00 May Be Added to Fees	Make,ch	eck payable t	tate	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 adoless, with all other like empowered.

SIGNATURE:

SIGNATURE:

Date

Dat