FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:21

DOCUMENT # 761181 (7)

1. Corporation Name
LAKE POINTE WOODS, INC.

Principal Place of Business	Mailing Address
7979 S TAMIAMI TRAIL SARASOTA FL 34231	7979 S TAMIAMI TRAIL SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1981
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2164885 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KELLY, THOMAS
7979 S TAMIAMI TRAIL
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☒ Addition
NAME	MASON, DEAN	1.2 NAME	
STREET ADDRESS	601 OWL WAY, BIRD KEY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	ROZZI, JAMES	2.2 NAME	Rozzi, James
STREET ADDRESS	10 W JACKSON ST	2.3 STREET ADDRESS	2323 Windward Way
CITY-ST-ZIP	CICERO IN 46034	2.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	DS	3.1 TITLE	☐ Change ☒ Addition
NAME	FORD, G. B	3.2 NAME	
STREET ADDRESS	1800 VALLEY AMERICAN BANK BLDG	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BEND IN	3.4 CITY-ST-ZIP	South Bend, IN 46634
TITLE	DT	4.1 TITLE	☐ Change ☒ Addition
NAME	WEIKAMP, DARWIN	4.2 NAME	
STREET ADDRESS	2122 LINDEN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MISHAWAKA IN	4.4 CITY-ST-ZIP	Mishawaka, IN 46544
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	PASTALAN, LEON	5.2 NAME	
STREET ADDRESS	8143 HURON RIVER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEXTER MI	5.4 CITY-ST-ZIP	Dexter, MI 48130
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x G. Burt Ford 2/1/95 219-233-1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
G. Burt Ford, Secretary

0003237