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FILED  
Feb 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 764821 (5)

1. Corporation Name

LAKEPOINT MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8130 HAVASU COURT  
LAKE WORTH FL 33467

8130 HAVASU COURT  
LAKE WORTH FL 33467



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/03/1982

4. FEI Number

59-2675520

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

HOPKINS, DAVID  
8130 HAVASU COURT  
LAKE WORTH FL 33467

81 Name ST. JOHN, DICKER & CAPLAN

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

500 AUSTRALIAN AVE. S.

83 SUITE 600

84 City WEST PALM BEACH

FL

85 Zip Code 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Edm Dicker of St John Dicker & Caplan

2/18/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JACOBS, GERALD  
STREET ADDRESS 8130 HAVASU CT  
CITY-ST-ZIP LAKE WORTH FL

TITLE VPD ☐ DELETE

NAME MASSUCCI, PETER  
STREET ADDRESS 8130 HAVASU CT  
CITY-ST-ZIP LAKE WORTH FL

TITLE TD ☒ DELETE

NAME BISHOP, THOMAS  
STREET ADDRESS 8130 HAVASU CT  
CITY-ST-ZIP LAKE WORTH FL

TITLE SD ☐ DELETE

NAME REEMSYNDER, WALLACE  
STREET ADDRESS 8130 HAVASU CT  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME STD

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Edm Dicker of St John Dicker & Caplan

2/1/98 (ED) 918-6610

CP2E037 (10/97)