

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90029 001 ****70.00

838334



DO NOT WRITE IN THIS SPACE

DOCUMENT # 764821

1. Entity Name

LAKEPOINT MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8130 HAVASU COURT
 LAKE WORTH FL 33467**

**8130 HAVASU COURT
 LAKE WORTH FL 33467-5533**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2675520

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

Name

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

City

FL

Zip Code

**ST. JOHN, DICKER & CAPLA
 500 AUSTRALIAN AVE S
 STE 600
 WEST PALM BEACH FL 33401**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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☐ Delete

☐ Change

☐ 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
GERALD JACOBS

4/17/00
 Date

(561) 968-6610
 Daytime Phone #

CR2E037 (9/99)