

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # N02000002094

1. Entity Name

LAKE POINTE COMMONS PROFESSIONAL OFFICE
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

9101 W COLLEGE POINTE DR
SUITE 1
FORT MYERS, FL 33919

Mailing Address

9101 W COLLEGE POINTE DR
SUITE 1
FORT MYERS, FL 33919



02272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3672245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRETT, JAY A
9100 COLLEGE POINTE CT
FORT MYERS, FL 33919

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SVP
NAME BRETT, JAY A
STREET ADDRESS 9100 COLLEGE POINTE CT
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE PT
NAME KINSEY, JAMES E JR.
STREET ADDRESS 9101 WEST COLLEGE POINTE DR. STE 1
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE D
NAME PASSARELLA, KENNETH C
STREET ADDRESS 9110 COLLEGE POINTE CT.
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE D
NAME WALLACE, JERALD L
STREET ADDRESS 9111 WEST COLLEGE POINTE DR.
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/30/07-80083-008 61.25

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IN THIS SPACE**

12. I hereby 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 address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E KINSEY JR 3/19/07 239-939-1367

Date

Daytime Phone #