

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

FILED
Feb 27, 2008 08:00 AM
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**



01042008 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**

**DO NOT WRITE
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, 2008**

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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03/07/08-80015-024 61.25

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PT James E Kinsey Jr.

Date

Daytime Phone #

2/25/08 239 9391367