

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90076 024 ****61.25

DOCUMENT # N03570	
1. Entity Name LAKE POINTE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 6939 N. WICKHAM ROAD MELBOURNE FL 32940	Mailing Address 6939 N. WICKHAM ROAD MELBOURNE FL 32940
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2625033	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
STEWART, FRANCES 6939 N WICKHAM RD MELBOURNE FL 32940	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P SCHULTZ, MAGGIE 331 MYRTLEWOOD ROAD MELBOURNE FL 32940 ☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HARTMAN, GAREY 397 CYPRESS POINT DR MELBOURNE FL 32940 ☒ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T DAWSON, CLIFF 363 MYRTLEWOOD ROAD MELBOURNE FL 32940 ☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D SANDLER, ELAINE 387 CYPRESS POINT DR MELBOURNE FL 32940 ☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP PAM BRATTON 383 CYPRESS POINT DR MELBOURNE FL 32940 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **CLIFF DAWSON TREASURER** 1-27-07 321 242-2746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #