**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

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95 MAY -1 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1995**

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

DOCUMENT # **N16687** **(8)**

1. Corporation Name
**LAKE POINTE NEIGHBORHOOD ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3550 GULF HARBOR CT.<br>BONITA SPRINGS FL 33923 | 3550 GULF HARBOR CT.<br>BONITA SPRINGS FL 33923 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1986
3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0030005 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

JONES, FRANKLIN
3560 GULF HARBOR CT
BONITA SPRINGS FL 33923

**10. Name and Address of New Registered Agent**

31 Name: Joseph Bradley
32 Street Address (P.O. Box Number is Not Acceptable): 3600 Gulf Harbor Ct.
33
34 City: Bonita Springs FL 35 Zip Code: 33923

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joseph M Bradley — DATE: 3/26/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | STD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | DIMARE, MARIE | 12 NAME | | |
| STREET ADDRESS | 3550 GULF HARBOR CT. | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS FL | 14 CITY-ST-ZIP | | |
| TITLE | PD | 21 TITLE | PD | ☒ Change ☐ Addition |
| NAME | JONES, FRANKLIN | 22 NAME | Joseph Bradley | |
| STREET ADDRESS | 3560 GULF HARBOR CT. | 23 STREET ADDRESS | 3600 Gulf Harbor Ct. | |
| CITY-ST-ZIP | BONITA SPRINGS FL | 24 CITY-ST-ZIP | Bonita Springs, FL. 33923 | |
| TITLE | VD | 31 TITLE | VD | ☒ Change ☐ Addition |
| NAME | BRADLEY, JOSEPH | 32 NAME | William Thomson | |
| STREET ADDRESS | 3600 GULF HARBOR CT | 33 STREET ADDRESS | 3540 Gulf Harbor Ct | |
| CITY-ST-ZIP | BONITA SPRINGS FL | 34 CITY-ST-ZIP | Bonita Springs FL 33923 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | AR 75118 | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Marie DiMare (MARIE DiMARE) — 813-932-0207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016485