


FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16687** (8)
1. Corporation Name
LAKE POINTE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**3530 GULF HARBOR CT.
BONITA SPRINGS FL 33923
US**

Mailing Address
**3530 GULF HARBOR CT.
BONITA SPRINGS FL 33923
US**

3. Date Incorporated or Qualified 09/08/1986	
4. FEI Number 65-0030005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip 34134 Country	28 Zip 34134 Country
24	29

9. Name and Address of Current Registered Agent

**BRADLEY, JOSEPH
3600 GULF HARBOR CT.
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name William Tomlinson
82 Street Address (P.O. Box Number is Not Acceptable) 3540 GULF HARBOR CT.
83
84 City BONITA SPRINGS
FL 85 Zip Code 34134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE William F. Tomlinson DATE 4/28/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID FRENCH	1.2 NAME	WILLIAM TOMLINSON
STREET ADDRESS	3530 GULF HARBOR CT.	1.3 STREET ADDRESS	3540 GULF HARBOR CT
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	BONITA SPRINGS FL. 34134
TITLE	PO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, JOSEPH	2.2 NAME	FRANKLIN JONES
STREET ADDRESS	3600 GULF HARBOR CT.	2.3 STREET ADDRESS	3560 GULF HARBOR CT.
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.4 CITY-ST-ZIP	BONITA SPRINGS FL. 34134
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	JONTINSON, WILLIAM	3.2 NAME	
STREET ADDRESS	3540 GULF HARBOR CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	900002533329
STREET ADDRESS		6.3 STREET ADDRESS	-05/22/98--01050--045
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. 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 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: David H. French STD DATE: 4/28/98 FILE NO: 941-947-2931

CR2E037 (10/97)