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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16687

1. Corporation Name

LAKE POINTE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

3530 GULF HARBOR CT.
BONITA SPRINGS FL 34134
US

Mailing Address

3530 GULF HARBOR CT.
BONITA SPRINGS FL 34134
US



2. Principal Place of Business

21 **3531 GULF HARBOR CT**

2a. Mailing Address

26 **3531 GULF HARBOR CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **BONITA SPRINGS, FL.**

27

City & State

City & State

23 **34134**

USA

28 **BONITA SPRINGS, FL.**

Country

Zip

Country

Zip

Country

24

25

29 **34134**

30

USA

9. Name and Address of Current Registered Agent

WILLIAM TOMLINSON
3540 GULF HARBOR CT.
BONITA SPRINGS FL 34134

3. Date Incorporated or Qualified

09/08/1986

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3540 GULF HARBOR CT.

83

BONITA SPRINGS, FL.

84 City

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 *Diane R Tomlinson* P/D

(NOTE: Registered Agent signature required when reinstating)

4/28/99

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

12. OFFICERS AND DIRECTORS

TITLE **STD** ☒ DELETE
NAME **DAVID FRENCH**
STREET ADDRESS **3530 GULF HARBOR CT.**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **P/D** ☒ DELETE
NAME **WILLIAM TOMLINSON**
STREET ADDRESS **3540 GULF HARBOR CT.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **V/D** ☐ DELETE
NAME **FRANKLIN JONES**
STREET ADDRESS **3560 GULF HARBOR CT.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **STD** ☒ Change ☐ Addition
1.2 NAME **HOWARD GREEN**
1.3 STREET ADDRESS **3531 GULF HARBOR CT.**
1.4 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

2.1 TITLE **P/D** ☒ Change ☐ Addition
2.2 NAME **DIANE TOMLINSON**
2.3 STREET ADDRESS **3540 GULF HARBOR CT.**
2.4 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

Diane R Tomlinson P/D **4/28/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-947-2931

CR2E037 (11/98)

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