

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90093 035 \*\*\*\*66.25

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**DOCUMENT # N16687**

1. Entity Name

**LAKE POINTE NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business

**3531 GULF HARBOR CT  
BONITA SPRINGS FL 34134  
US**

Mailing Address

**3531 GULF HARBOR CT  
BONITA SPRINGS FL 34134  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0030005**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAM TOMLINSON  
3540 GULF HARBOR CT  
BONITA SPRINGS FL 34134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Delete  
NAME **GREEN, HOWARD**  
STREET ADDRESS **3531 GULF HARBOR CT**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ~~**ROLAND WIEGAND**~~ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **PRE** ☐ Change ☒ Addition  
NAME **Roland WIEGAND**  
STREET ADDRESS **3620 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 **VP** ☐ Change ☒ Addition  
NAME **Steven SWARTZ**  
STREET ADDRESS **3600 GULF HARBOR Court**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

**WILLIAM TOMLINSON**

7/15/03 239 455 5191

CR2E037 (4/03)