

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 AM 11:33

DOCUMENT # N24956 (7)

1. Corporation Name

LAKEPOINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**P.O. BOX 1112
LOXAHATCHEE FL 33470**

Mailing Address

**P.O. BOX 1112
LOXAHATCHEE FL 33470**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1988

3a. Date of Last Report

05/01/1994

4. FBI Number

65-0100358

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KABINOFF, ROB
2000 CROSS BREEZE DR.
WELLINGTON FL 33414**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

KABINOFF, ROB

**2000 CROSS BREEZE DRIVE
WELLINGTON FL 33414**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ADINOLFE, JOHN

**12672 WHITE CORAL DRIVE
WELLINGTON FL 33414**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

RAFFTERY, JAMES

**12633 WHITE CORAL DRIVE
WELLINGTON FL 33414**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SANDERS, FRED

**12644 WHITE CORAL DR.
WELLINGTON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ADINOLFE, JOHN

**12672 WHITE CORAL DR.
WELLINGTON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

UNGER, JOE

**12628 WHITE CORAL DR.
WELLINGTON FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☒ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☒ Change ☐ Addition

D

JAMES BRYANT

**1972 WHITE CORAL WAY
WELLINGTON FL 33414**

D

LYDIA PATTERSON

**12669 CORAL BREEZE DR.
WELLINGTON, FL 33414**

D

DAVID LYNN

**12661 CORAL BREEZE DR.
WELLINGTON FL 33414**

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)(k), 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 the 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

JAMES G. RAFFTERY, Director

3/17/95 407-791-9508

Signature and typed or printed name of signing officer or director

Date

Telephone Number