FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90079 039 ****61.25

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DOCUMENT # N24956

1. Corporation Name
LAKEPOINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1112 LOXAHATCHEE FL 33470	P.O. BOX 1112 LOXAHATCHEE FL 33470

2. Principal Place of Business
21 Distrotive Homes
Suite, Apt. #, etc.
22 13S 2
City & State
23 Wellington Fl
Zip 24 33414 Country 25 USA

2a. Mailing Address
26 12765 W. Forest Hill Blvd
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
02/23/1988

4. FEI 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

9. Name and Address of Current Registered Agent

KABINOFF, ROB
2000 CROSS BREEZE DR.
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name Michael Nelson
82 Street Address (P.O. Box Number is Not Acceptable) 12765 W. Forest Hill Blvd
83 Wellington
84 City FL 85 Zip Code 33414

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 _____ 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP					
TITLE	DP	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	KABINOFF, ROB		1.2 NAME	Lucas, Frieda	
STREET ADDRESS	2000 CROSS BREEZE DRIVE		1.3 STREET ADDRESS	2018 White Coral Drive.	
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP	Wellington, Fl 33411	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	CARLTON, RAY		2.2 NAME	Capone, Lawrene	
STREET ADDRESS	12661 CORAL BREEZE DRIVE		2.3 STREET ADDRESS	12694 White Coral Dr.	
CITY-ST-ZIP	WELLINGTON FL		2.4 CITY-ST-ZIP	Wellington, Fl 33411	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JERRY BYRD		3.2 NAME		
STREET ADDRESS	12653 WHIT CORAL DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, LYDIA		4.2 NAME		
STREET ADDRESS	12689 CORAL BREEZE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SUSS, MALCOM		5.2 NAME		
STREET ADDRESS	12631 WHITE CORAL DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Robert Kabinoff REQUIRED 4/21/99 561-793-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #