2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90183 021 ****61.25

0050726

DOCUMENT # N24956

1. Entity Name

LAKEPOINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
DISTROTIVE HOMES 12765 W FOREST HILL BLVD STE 1302 WELLINGTON FL 33414 US	DISTROTIVE HOMES 12765 W FOREST HILL BLVD STE 1302 WELLINGTON FL 33414 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
WELLINGTON MGMT, INC	WELLINGTON MGMT., INC.
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.: C
City & State: 12785 Forest Hill Blvd.	City & State: 12785 Forest Hill BLVD.
Zip: 33414 Country: US	Zip: 33414 Country: US

4. FEI Number: 65-0100358 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NELSON, MICHAEL 12765 W FOREST HILL BLVD WELLINGTON FL 33414	Name: CAROLYN BROWN Street Address (P.O. Box Number is Not Acceptable): C/O WELLINGTON MGMT., INC. 12785-C FOREST HILL BLVD. City: WELLINGTON FL Zip Code: 33414

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.

SIGNATURE: CAROLYN BROWN, PROPERTY MANAGER — DATE: 1/9/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ LUCAS, FRIEDA 2018 WHITE CORAL DR WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec./Treas.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ CARLTON, RAY 12661 CORAL BREEZE DRIVE WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ JERRY BYRD 12653 WHIT CORAL DR WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTERSON, LYDIA 12689 CORAL BREEZE DR WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ CAPONE, LAURENE 12698 WHITE CORAL DR WELLINGTON FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MICHAEL IMBER 12655 WHITE CORAL DR. WELLINGTON, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Karyn R Carlton RED — 1-9-01 — 561-798-9546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #