2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2002 8:00 am Secretary of State **DOCUMENT # N24956** 1. Entity Name 02-20-2002 90150 016 ****61.25 LAKEPOINT HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address WELLINGTON MGMT, INC. WELLINGTON MGMT, INC 12785 FOREST HILL BLVD STE C 12785 FOREST HILL BLVD STE C WELLINGTON FL 33414 WELLINGTON FL 33414 US? 2. Principal Place of Business 3. 'Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0100358 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. **BROWN, CAROLYN** 12785-C FOREST HILL BLVD **WELLINGTON FL 334** is statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida The above name SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ST Delete TITLE ☐ Change NAME LUCAS, FRIEDA NAME STREET ADDRESS 2018 WHITE CORAL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Addition Delete TITLE Change NAME CARLTON, RAY NAME STREET ADDRESS STREET ADDRESS 12661 CORAL BREEZE DRIVE CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FLT Change ☐ Addition TITLE ☐ Delete JERRY BYRD NAME NAME STREET ADDRESS STREET ADDRESS 12653 WHIT CORAL DR CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 IMBER, MIKE 12655 White earl DR Wellington, F-334/4 Addition TITLE TITLE Delete PATTERSON, LYDIA NAME NAME STREET ADDRESS STREET ADDRESS 12689 CORAL BREEZE DR CITY-ST-ZIP CITY-ST-ZIP Wellington FL **⊠** Delete TITLE TITLE CAPONE, LAURENE NAME NAME STREET ADDRESS 12698 WHITE CORAL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33411 Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: