

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
and Commercial Services
Tallahassee, Florida 32399-0001

APPROVED
FILED

DOCUMENT # **N39736** (6)

LAKE POINTE ESTATES HOMEOWNERS' ASSOCIATION, INC

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office Location P.O. BOX 5132 OAKLAND PARK FL 33310		2a. Mailing Address P.O. BOX 5132 OAKLAND PARK FL 33310		3. Date incorporated or founded 08/30/1990	3a. Date of Last Report 04/19/1994
2. Principal State of Incorporation FL		2b. Mailing State FL		4. File Number 65-0256035	Applied For ☐ Not Applicable
21. State of Incorporation FL	26. Mailing State FL	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22. State of Mailing FL	27. State of Mailing FL	6. Has type of corporation changed ☐		\$5.00 May Be Added to Fees	
23. City OAKLAND PARK	28. City OAKLAND PARK	7. Nonprofit with IRS status ☐		\$68.75 Supplemental Fee Not Required	
24. County DADE	29. County DADE	8. Has corporation been liable for intangible tax under 1991 (20%) Florida Statutes ☐		Yes ☐ No ☐	

9. Name and Address of Current Registered Agent RANDALL E. ROGER 1500 CYPRESS CREEK ROAD STE. 207 FORT LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code	
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11. Pursuant to the provisions of Sections 607.01(2) and 607.02(1), 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 changes were authorized by the corporation's board of directors. Thereby, we accept the appointment of registered agent. I, the signatory, certify that the filer of this statement is a duly authorized officer or director of the corporation.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME D MARY ANN SMANIA P.O. BOX 5132 N/A OAKLAND PARK FL 33310	NAME GERRI KARALIOLOUS 3332 NW 22 AVE. OAKLAND PARK, FL 33309	NAME D NANCY BUTZKY P.O. BOX 5132 N/A OAKLAND PARK FL 33310	NAME TREASURE -
NAME D JOEL TENDLER P.O. BOX 5132 N/A OAKLAND PARK FL 33310	NAME RANSOM JOHNSON 3219 NW 22 AVE. OAKLAND PARK, FL 33309	NAME S WAYNE SCHUBNEL P.O. BOX 5132 N/A OAKLAND PARK FL 33310	
NAME P NORMAN BERKOWITZ P.O. BOX 5132 N/A OAKLAND PARK FL 33310			

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that I am qualified to be the registered agent for the corporation. I further certify that the information is filed in accordance with the provisions of the Florida Statutes and that I am qualified to be the registered agent for the corporation. I further certify that the information is filed in accordance with the provisions of the Florida Statutes and that I am qualified to be the registered agent for the corporation.

SIGNATURE: *Nancy Butzky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy Butzky
MAY - 1 - 95 305-777-5054