


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N39736 (6)</b>			
1. Corporation Name <b>LAKE POINTE ESTATES HOMEOWNERS' ASSOCIATION, INC</b>			



Principal Place of Business <b>P.O. BOX 5132 OAKLAND PARK FL 33310</b>	Mailing Address <b>P.O. BOX 5132 OAKLAND PARK FL 33310-5132</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/30/1990</b>		3a. Date of Last Report <b>05/31/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0256035</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PETER G. HERMAN 110 TOWER, 28TH FLOOR 110 SE 6TH ST FT. LAUDERDALE FL 33301</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 \_\_\_\_\_  
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	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NANCY BUTZKY</b>			1.2 NAME			
STREET ADDRESS	<b>3237 NW 22 AVE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NANCY BUTZKY</b>			2.2 NAME			
STREET ADDRESS	<b>P.O. BOX 5132 N/A</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>WILLIAM D. YOUNG</b>			3.2 NAME			
STREET ADDRESS	<b>3248 NW 22 AVE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>KRISTINE DAVIS</b>			4.2 NAME			
STREET ADDRESS	<b>3246 NW 22 AVE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>EDWARD FULOP</b>			5.2 NAME			
STREET ADDRESS	<b>3215 NW 22 AVE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>			5.4 CITY-ST-ZIP			
TITLE	<b>S (DIRECTOR)</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MIKE EISSMAN</b>			6.2 NAME			
STREET ADDRESS	<b>3220 NW 22 AVE</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>			6.4 CITY-ST-ZIP			

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 is in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)