

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90182 014 ****61.25

DOCUMENT # N39736

1. Corporation Name

LAKE POINTE ESTATES HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

P.O. BOX 5132
OAKLAND PARK FL 33310

Mailing Address

P.O. BOX 5132
OAKLAND PARK FL 33310

331380 - 90182 - 14



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip Country

28

29

30

3. Date Incorporated or Qualified

08/30/1990

4. FEI Number

65-0256035

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

PAYNE, TODD S ESQ.,
ZEBERSKY & PAYNE, LLP
3850 HOLLYWOOD BLVD, SUITE 204
HOLLYWOOD FL 33021

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

4/1/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NANCY BUTZKY
STREET ADDRESS 3237 NW 22 AVE
CITY-ST-ZIP OAKLAND PARK FL 33009

☐ DELETE

TITLE D
NAME KRONGELB, DAVID
STREET ADDRESS 3247 N.W. 22 AVE.
CITY-ST-ZIP OAKLAND PARK FL 33009

☐ DELETE

TITLE D
NAME PUCCIO, MARIO
STREET ADDRESS 3274 NW 22ND AVE
CITY-ST-ZIP OAKLAND PARK FL 33309

☒ DELETE

TITLE SD
NAME SPITZMILLER, AUDREY
STREET ADDRESS 3251 N.W. 22 AVE.
CITY-ST-ZIP OAKLAND PARK FL 33009

☐ DELETE

TITLE TD
NAME YOUNG, WILLIAM D
STREET ADDRESS 3248 NW 22ND AVE
CITY-ST-ZIP OAKLAND PARK FL 33009

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

D
MAYNARD, BARRY
3253 NW 22nd AVE
OAKLAND PARK FL 33309

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Barry Maynard
BARRY MAYNARD

4/1/99

DATE

954-989-6333

Daytime Phone #

0037141

CR2E037-(11/98)