

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90060 036 ****61.25

DOCUMENT # N39736

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0256035

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

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

Name James Beagle
Street Address (P.O. Box Number is Not Acceptable)
18999 Biscayne Blvd
Suite 201
City Aventura FL Zip Code 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-01

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	PD NANCY BUTZKY 3237 NW 22 AVE OAKLAND PARK FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRONGELB, DAVID 3247 N.W. 22 AVE. OAKLAND PARK FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAYNARD, BARRY 3253 NW 22ND AVE OAKLAND PARK FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SPITZMILLER, AUDREY 3251 N.W. 22 AVE. OAKLAND PARK FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD YOUNG, WILLIAM D 3248 NW 22ND AVE OAKLAND PARK FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHAHID CHOWSHURY 3228 NW 22ND AVE OAKLAND PARK FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERRI KARALIOLOUS 3332 NW 22ND AVE OAKLAND PARK FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVERETT ABNEY 3358 NW 22ND AVE OAKLAND PARK FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RANDALL LEONARD 3217 NW 22ND AVE OAKLAND PARK FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ELDON J. JOHNSON 3220 NW 22ND AVE OAKLAND PARK FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eldon J. Johnson* ELDON J. JOHNSON 3-01-2001 954-677-8352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)