

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am  
Secretary of State

02-25-2002 90577 031 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

BEAGLE, JAMES  
18999 BISCAYNE BLVD  
SUITE 201  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name Joseph M. Sciandra, Esq.

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

400 SE 8th Street

City

ft. Lauderdale

FL

Zip Code

33316

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)

2/12/02  
DATE

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHOWSHURY, SHAHID	
STREET ADDRESS	3228 NW 22ND AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KARALIOLOS, GERRI	
STREET ADDRESS	3232 NW 22ND AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABNEY, EVERETT	
STREET ADDRESS	3258 NW 22ND AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEONARD, RANDALL	
STREET ADDRESS	3217 NW 22ND AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, ELDEN J	
STREET ADDRESS	3220 NW 22ND AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN JOHNSON	
STREET ADDRESS	3872 NW 22ND AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL MARTINELLI	
STREET ADDRESS	3813 NW 22ND AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIANA COSSONZINO	
STREET ADDRESS	3874 NW 22ND AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Elden J. Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-12-02 954-677-870

Daytime Phone #

CR2E037 (9/01)