

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90013 008 ****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

SCIANDRA, JOSEPH M ESQ
311 SOUTHEAST 10TH COURT
FORT LAUDERDALE FL 33316

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ALLAN	
STREET ADDRESS	3272 NW 22ND AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARTINELLI, MICHAEL	
STREET ADDRESS	3213 NW 22ND AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	TENDLER, JOEL	
STREET ADDRESS	3226 N.W. 22ND AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VIOLETTE, LEO	
STREET ADDRESS	3236 N.W. 22ND AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	TD	<input checked="" 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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Palermo	
STREET ADDRESS	3217 NW 22nd Ave	
CITY-ST-ZIP	Oakland Park FL 33309	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John W. Padgett	
STREET ADDRESS	3253 NW 22nd Ave	
CITY-ST-ZIP	Oakland Park FL 33309	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elden J. Johnson	
STREET ADDRESS	3220 NW 22nd Ave	
CITY-ST-ZIP	Oakland Park FL 33309	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEO VIOLETTE	
STREET ADDRESS	3236 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		

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:

John W. Padgett John W. Padgett

Date

Daytime Phone #

1/31/04

954-485-6132