2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2005 8:00 am Secretary of State

DOCUMENT # N39736 1. Entity Name LAKE POINTE ESTATES HOMEOWNERS' ASSOCIATION, INC.					01-26-2005 90020 007 ****61.25					
P.O. BOX 51	e of Business 32 ARK, FL 33310	Mailing Address P.O. BOX 5132 OAKLAND PARK, FL 33310	0							
2. Principal P 3 2 5 C Suite, Apt.		3. Mailing Address 3250 NW 2 Suite, Apt. #, etc.	and A		1172005	12 12111 12222 FULE 1	CD2F0	dii eseli diali Ali		
City & Stat		City & State	, F/		FEI Number 65-02560	Chg-NP	CHZEO	J	pplied For	
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	6. Name and Address of Current F	Registered Agent		7.	Name and Ad	dress of New	Registered	Agent		
DOLLAKO	TE CARVA		Name							
POLIAKOFF, GARY A BRCKER & POLIAKOFF, P.A. 3111 STIRLING RD			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
FORT LAL	JDERDALE, FL 33312									
			City				FL	Zip Cod	ie	
	named entity submits this statement for tions of registered agent.	the purpose of changing its reg	sistered office or	registered a	igent, or both, i	n the State of F	lorida. I am	familiar with,	, and accept	
SIGNATURE .		· ·	<u> </u>							
DIGITAL OF IL	Signature, typed or printed name of registered agent as	nd tide if applicable. (NOTE: Reg	gistered Agent signatur	re required when	reinstating)		DATE			
	Signatum, speed or protect name of equilibrium agent as Filling Fee is \$61.25 Due by May 1, 2005	9. Election Campai Trust Fund Contr	ign Financing	\$5.	.00 May Be		Make chec	k payable t		
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12. I hereby certify that the information supplied with this filling 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:

CAL WHE JOHN JOHN LA GOLT

1/24/05 954-485-6/32 Devime Prone #