


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-26-2005 90020 007 ****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 3250 NW 22nd Ave Suite, Apt. #, etc.		3. Mailing Address 3250 NW 22nd Ave Suite, Apt. #, etc.			
City & State Oakland Park, FL		City & State Oakland Park, FL		4. FEI Number 65-0256035	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLIAKOFF, GARY A BRCKER & POLIAKOFF, P.A. 3111 STIRLING RD FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PALERMO, ROBERT <input checked="" type="checkbox"/> Delete 3217 NW 22ND AVE OAKLAND PARK, FL 33309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	AD Antol, Michael L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3262 NW 22nd Ave. Oakland Park, FL 33309	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PADGET, JOHN W <input type="checkbox"/> Delete 3253 NW 22ND AVE OAKLAND PARK, FL 33309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TENDLER, JOEL <input checked="" type="checkbox"/> Delete 3226 N.W. 22ND AVE OAKLAND PARK, FL 33309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/O Ray, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3216 NW 22nd Ave. Oakland Park, FL 33309	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VIOLETTE, LEO <input checked="" type="checkbox"/> Delete 3236 N.W. 22ND AVENUE OAKLAND PARK, FL 33309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Paoletti, Leonard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3224 NW 22nd Ave Oakland Park FL 33309	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, ELDEN J <input checked="" type="checkbox"/> Delete 3220 NW 22ND AVE OAKLAND PARK, FL 33309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEWART, David <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3214 NW 22nd Ave Oakland Park, FL 33309	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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: <i>John W. Padget</i> John W. Padget 1/24/05 954-485-6132 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					