

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90043 037 ****61.25

DOCUMENT # N39736 1. Entity Name LAKE POINTE ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3250 NW 22ND AVE FORT LAUDERDALE, FL 33309			Mailing Address 3250 NW 22ND AVE FORT LAUDERDALE, FL 33309		
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	P/D ANTOL, MICHAEL L 3262 NW 22ND AVE FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PADGET, JOHN W 3253 NW 22ND AVE OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KAY, ROBERT 3216 NW 22ND AVE OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAOLETTI, LEONARD 3224 NW 22ND AVE OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, DAVID 3214 NW 22ND AVE OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leo Violette 3236 NW 22nd Ave Oakland Park, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 exemptions contained in Chapter 119, 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. Padgett</i> John W. Padgett 1-24-06 954-485-6132 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #					