## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39736

FILED Apr 21, 2009 Secretary of State

Entity Name: LAKE POINTE ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3250 NW 22ND AVE FORT LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 3250 NW 22ND AVE FORT LAUDERDALE, FL 33309 FEI Number: 65-0256035 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POLIAKOFF, GARY A BRCKER & POLIAKOFF, P.A. 3111 STIRLING RD FORT LAUDERDALE, FL 33312 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KRONGELB, DAVID Name: Name: 3247 NW 22ND AVE Address: Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: Title: TD Title: (X) Change ( ) Addition ( ) Delete LEVY, MARTIN Name: YOUNG, WILLIAM Name: Address: 3260 NW 22ND AVE Address: 3246 NW 22ND AVE City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: OAKLAND PARK, FL 33309 Title: () Delete Title: () Change () Addition POLLUSON, RUNAR Name: Name: 3219 NW 22ND AVE Address: Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition COSSENTINO, PATRICIA Name: Name: GOUGE, RICHARD 3274 NW 22ND AVE 3246NW 22ND AVE Address: Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: OAKLAND PARK, FL 33309 Title: () Delete Title: (X) Change ( ) Addition TENDLER, JOEL BERKOWITZ, NORMAN Name: Name: 3226 NW 22ND AVE 3257 NW 22ND AVE Address: Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: OAKLAND PARK, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUNAR G POLLUSON SD 04/21/2009