

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90171 034 \*\*\*\*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**  
**400 SE 8TH STREET**  
**FORT LAUDERDALE FL 33316**

Name  
**SCIANDRA, JOSEPH M. ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**311 SOUTHEAST 10th COURT**  
City  
**Ft. Lauderdale** FL Zip Code  
**33316**

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME **JOHNSON, ALLAN** ☐ Delete  
STREET ADDRESS **3272 NW 22ND AVE**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME **MARTINELLI, MICHAEL**  
STREET ADDRESS **3213 NW 22ND AVENUE**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE SD ☒ Change ☐ Addition  
NAME **MICHAEL MARTINELLI**  
STREET ADDRESS **3213 NW 22ND AVE**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE D ☒ Delete  
NAME **COSENTINO, PATRINA**  
STREET ADDRESS **3274 NW 22ND AVE**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE D ☒ Change ☐ Addition  
NAME **JOEL TENDLER**  
STREET ADDRESS **3236 NW 22ND AVE**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE SD ☒ Delete  
NAME **LEONARD, RANDALL**  
STREET ADDRESS **3217 NW 22ND AVENUE**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE D ☒ Change ☐ Addition  
NAME **LEO VIOLETTE**  
STREET ADDRESS **3236 NW 22ND AVE**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE TD ☐ Delete  
NAME **JOHNSON, ELDEN J**  
STREET ADDRESS **3220 NW 22ND AVE**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**ELDEN J JOHNSON** 1-28-03 954-677-8352

CR2E037 (10/02)