

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000001198 (1)

1. Corporation Name

LAKE POINTE AT THE SUMMIT HOMEOWNERS ASSOCIATION  
, INC.



Principal Place of Business

145 HIBISCUS DRIVE  
LEESBURG FL 34788

Mailing Address

RT 3 BOX 163  
BUCKHANNON WV 26201  
US

3. Date Incorporated or Qualified  
03/11/1993

3a. Date of Last Report  
10/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
City & State

27  
City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23  
Zip

Country

28  
Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIGHT, DELMAR  
145 HIBISCUS DRIVE  
LEESBURG FL 34788

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME LIGHT, DELMAR  
STREET ADDRESS 2140 EAST DALE DRIVE  
CITY-ST-ZIP DELAND FL 32720

1.1 TITLE Director ☒ Change ☐ Addition  
1.2 NAME Light, Delmar  
1.3 STREET ADDRESS 145 Hibiscus Drive  
1.4 CITY-ST-ZIP Leesburg FL 34788

TITLE D ☐ DELETE  
NAME LIGHT, ALICE  
STREET ADDRESS 2140 EAST DALE DRIVE  
CITY-ST-ZIP DELAND FL 32720

2.1 TITLE Director ☒ Change ☐ Addition  
2.2 NAME Light, Alice  
2.3 STREET ADDRESS 145 Hibiscus Drive  
2.4 CITY-ST-ZIP Leesburg FL 34788

TITLE D ☐ DELETE  
NAME SHAMROCK, KEITH  
STREET ADDRESS 2100 LAKE EUSTIS RD.  
CITY-ST-ZIP TAVARES FL 32778

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)