

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 08 1998 8:00am  
Secretary of State

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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 16600 SE 95th CT

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Summerfield

Zip

24 34491

Country

25 Lake

City & State

27

Zip

28

Country

29

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LIGHT, DELMAR  
145 Hibiscus Drive  
Leesburg FL 34788

10. Name and Address of New Registered Agent

81 Name

Light, Delmar

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

16600 SE 95th CT

83

84 City

Summerfield

FL

85 Zip Code

34491

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

TITLE D ☐ DELETE

NAME LIGHT, DELMAR  
STREET ADDRESS 16600 SE 95th CT  
CITY-ST-ZIP SUMMERFIELD FL

TITLE D ☐ DELETE

NAME LIGHT, ALICE  
STREET ADDRESS 16600 SE 95th CT  
CITY-ST-ZIP SUMMERFIELD FL

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Delmar Light, Delmar Light

4/23/98 (304) 472-3021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0078852

CR2E037 (10/97)