

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90136 047 \*\*\*\*61.25

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|---|---|---|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N93000001198**

1. Corporation Name

**LAKE POINTE AT THE SUMMIT HOMEOWNERS ASSOCIATION, INC.**

445184 - 90136 - 47

Principal Place of Business

16600 SE 95TH CT  
SUMMERFIELD FL 34491  
US

Mailing Address

RT 3 BOX 163  
BUCKHANNON WV 26201  
US



|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                       |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 03/11/1993  |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip                         |  | 28 Zip                 |  | NOT APPLICABLE  |  |
| 24 Country                     |  | 29 Country             |  | 5. Certificate of Status Desired                        |  |
|                                |  | 30                     |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
|                                |  |                        |  | 6. Election Campaign Financing                          |  |
|                                |  |                        |  | <input type="checkbox"/> \$5.00 May Be Added to Fees    |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIGHT, DELMAR**  
16600 SE 95TH CT  
SUMMERFIELD FL 34491

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 <input type="checkbox"/> DELETE            | 1.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | LIGHT, DELMAR                                | 1.2 NAME  | Erwin, Jody  |
| STREET ADDRESS             | 16600 SE 95TH CT                             | 1.3 STREET ADDRESS                                    | 102 E Main St #4   |
| CITY-ST-ZIP                | SUMMERFIELD FL                               | 1.4 CITY-ST-ZIP                                       | Buckhannon WV 26102  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | LIGHT, ALICE                                 | 2.2 NAME  |  |
| STREET ADDRESS             | 16600 SE 95TH CT                             | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SUMMERFIELD FL                               | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | SHAMROCK, KEITH                              | 3.2 NAME  |  |
| STREET ADDRESS             | 2100 LAKE EUSTIS RD.                         | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAVARES FL 32778                             | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)