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04-09-1999 90005 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000004294**

1. Corporation Name
LAKE POINTE TOWNHOME HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
17568 FAIRMEADOW DRIVE TAMPA FL 33647	17568 FAIRMEADOW DRIVE TAMPA FL 33647

2. Principal Place of Business
21 18530 Pebble Lake C
22 Suite, Apt. #, etc.
23 City & State: Tampa fl
24 Zip: 33647 25 Country

2a. Mailing Address
26 18530 Pebble Lake Ct
27 Suite, Apt. #, etc.
28 City & State: Tampa Fl
29 Zip: 33647 30 Country

3. Date Incorporated or Qualifed: 07/24/1998

4. FEI Number: 59-3544647 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BRANT, JAMES E
17568 FAIRMEADOW DRIVE
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name: Brant, James E
82 Street Address (P.O. Box Number is Not Acceptable): 18530 Pebble Lake Ct
83
84 City: Tampa **FL** 85 Zip Code: 33647

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: Pres
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	1.1 TITLE		☐ Change ☐ Addition
NAME	BRANT, JAMES E		1.2 NAME		
STREET ADDRESS	17568 FAIRMEADOW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DINICOLA, DOMINICK		2.2 NAME		
STREET ADDRESS	17568 FAIRMEADOW DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRANT, WILLIAM J JR.		3.2 NAME		
STREET ADDRESS	1947 WOODLAWN AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GRIFFITH IN 46319		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 4/6/99 8139991008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)