Entity Name: LAKE POINTE OWNERS' ASSOCIATION, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

209 LAKE POINTE DR. OAKLAND PARK, FL 33309

DOCUMENT# 756153

Current Mailing Address:

C/O PHOENIX MANAGEMENT SERVICES, INC. 4800 N STATE RD SEVEN #105 LAUDERDALE LAKES, FL 33319 US

FEI Number: 59-2091973

Name and Address of Current Registered Agent:

FRANK WEINBERG & BLACK, P.L. 7805 SW 6TH COURT PLANTATION, FL 33324 US

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.

The above named entity submits this statement for the purpose of changing its registered onice or registered agent, or both, in the State of Horida.				
SIGNATURE	: MICHAEL R. KASSOWER			01/02/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	LVOVSKY, MITCHELL	Name	CARROLL, LISA	
Address	209 LAKE POINTE DRIVE	Address	209 LAKE POINTE DRIVE	
City-State-Zip:	OAKLAND PARK FL 33309	City-State-Zip:	OAKLAND PARK FL 33309	
Title	DIRECTOR	Title	DIRECTOR	
Name	MEIDLER, BERNARDO F.	Name	TENAGLIA, JESSICA	
Address	209 LAKE POINTE DRIVE	Address	209 LAKE POINTE DRIVE	
City-State-Zip:	OAKLAND PARK FL 33309	City-State-Zip:	OAKLAND PARK FL 33309	
Title	DIRECTOR	Title	TREASURER	
Name	BOTSFORD, CHRISTINE	Name	ODERNIDE, MOJI	
Address	209 LAKE POINTE DRIVE	Address	209 LAKE POINTE DRIVE	
City-State-Zip:	OAKLAND PARK FL 33309	City-State-Zip:	OAKLAND PARK FL 33309	
Title	DIRECTOR	Title	VP	
Name	SALMON, SEDRAY	Name	BROCK, DAVID	
Address	209 LAKE POINTE DR.	Address	209 LAKE POINTE DRIVE	
City-State-Zip:	OAKLAND PARK FL 33309	City-State-Zip:	OAKLAND PARK FL 33309	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MITCHELL LVOVSKY

PRESIDENT

01/02/2020 Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No