## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 756153** 

Entity Name: LAKE POINTE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:** 

209 LAKE POINTE DR. OAKLAND PARK, FL 33309

**Current Mailing Address:** 

C/O ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY MIRAMAR, FL 33025 US

FEI Number: 59-2091973 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

VALANCY, STEVEN S 311 S.E. 13TH STREET

FT. LAUDERDALE, FL 33316 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.

SIGNATURE: STEVEN S VALANCY 04/17/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** 

TOLEDANO, GEORGES CARROLL, LISA Name Name

Address 205 LAKE POINTE DRIVE Address 208 LAKE POINTE DRIVE

APT. #204 APT. #107

OAKLAND PARK FL 33309 City-State-Zip: City-State-Zip: OAKLAND PARK FL 33309

Title TREASURER Title **DIRECTOR** 

Name MEIDLER, BERNARDO F. Name TENAGLIA. JESSICA

208 LAKE POINTE DRIVE 212 LAKE POINTE DRIVE Address Address

APT. #102 APT. # 214

City-State-Zip: OAKLAND PARK FL 33309 City-State-Zip: OAKLAND PARK FL 33309

VΡ Title DIRECTOR Title

Name CHRISTINE, BOTSFORD Name LVOVSKY, MITCHELL

Address 212 LAKE POINTE DRIVE Address 211 LAKE POINTE DRIVE

> APT. #101 APT. 206

City-State-Zip: OAKLAND PARK FL 33309 City-State-Zip: OAKLAND PARK FL 33309

Title DIRECTOR Title DIRECTOR

MOJI, ODERNIDE Name BOYLES, GAIL Name

201 LAKE POINTE DRIVE 210 LAKE POINTE DRIVE Address Address

APT. #108 APT. # 206

OAKLAND PARK FL 33309 OAKLAND PARK FL 33309 City-State-Zip: City-State-Zip:

Continues on page 2

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.

04/17/2019 SIGNATURE: LISA CARROLL SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Apr 17, 2019

**Secretary of State** 

9346076902CC

## Officer/Director Detail Continued:

Title DIRECTOR

Name SALMON, SEDRAY

Address 214 LAKE POINTE DR.

APT. # 211

City-State-Zip: OAKLAND PARK FL 33309