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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 759695 (0)
1. Corporation Name
LONE PINE ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 9573 RIVIERA BEACH FL 33419-9573
P.O. BOX 9573 RIVIERA BEACH FL 33419-9573

3. Date Incorporated or Qualified 08/19/1981
3a. Date of Last Report 02/16/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0064325	Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	City & State	6. Election Campaign Financing Trust/Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip Country	Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KLEIN, STUART B 1551 FORUM PLACE, SUITE 400-B WEST PALM BEACH FL 33401		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	HARDY, RUTH, <i>President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2542 CANTERBURY DRIVE SOUTH	WEST PALM BEACH FL	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE		2.1 TITLE	2.2 NAME
VD	JURGENSEN, JIM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD
2560 CANTERBURY DRIVE NORTH	WEST PALM BEACH FL	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
<input checked="" type="checkbox"/> DELETE		3.1 TITLE	3.2 NAME
SD	SHERMAN, JANE ELLEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD FULLER, JACK
2545 CANTERBURY DRIVE SOUTH	WEST PALM BEACH FL	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
<input checked="" type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
TD	KNAPP, CLARK, <i>Treasurer</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2540 WESTCHESTER DR	W. PALM BCH FL	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
D	VOGEL, STUART <i>(Vice President)</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ALZIE RAMSEY
2553 WESTCHESTER DRIVE	WEST PALM BEACH FL	5.3 STREET ADDRESS	2544 CANTERBURY DR. SOUTH
<input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP	WEST PALM BEACH, FL. (AT LARGE)
D	FULLER, JACK <i>(Secretary)</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	KEVIN DALTON
2542 CANTERBURY DRIVE NORTH	WEST PALM BEACH FL	6.1 TITLE	2543 Westchester Dr.
<input type="checkbox"/> DELETE		6.2 NAME	WEST PALM BEACH, FL. AT LARGE
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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: _____ DATE: 1/8-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DAYTIME PHONE # 0041550

CFR2E037 (9/96)