## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 759695

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

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90024 002 \*\*\*\*70.00



								4.01. 5.51, 616	
Principal Place of Business     2a. Mailing Address							<u> </u>		
21						3. Date incorporated or Qua	lifed	· ·	-
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del>_</del>			08/19/1981		•	٠ -
27						4. FEI Number 65-0064325			Applied For
City & State						05/004325			Not Applicable
23						5. Certifcate of Status Desire	ed 💢 be	\$8.7	5 Additional
Zip	Zip Country Zip			ntry			, ,	Fee	Required
24				30		6. Election Campaign Finance	ing 🖂	\$5.0	0 May Be
Name and Address of Current Registered Agent						rust Fund Contribution Added to East			
KLEIN, STUART B				81 Na	ame	10: Name and Address of New Registered Agent  dress (P.O. Box Number is Not Acceptable)			
				_					
				82 St	reet Addre				
WEST PALM BEACH FL 33401				83					
	527011 2 55401		['	03					
_			Ī	84 Cit	у				
11. Pursuar	nt to the provisions of Sections 617 0503	nd 647 4500 Et					FI	4 1 1	p Code
office or	nt to the provisions of Sections 617.0502 a r registered agent; or both, in the State of I am familiar with, and accept the obligation	illo 617.1508, Florida Statute Florida. Such change was ai	es, the about	ove-nan	ned corpor	ration submits this statement for.	the purpose o	changing i	ts registered
ayent. 1	Obligation	is of, Section 617.0503, Flor	ida Statut	es.	orporation	s board of directors. I hereby ac	cept the appo	intment as i	registered
SIGNATURE	Standard						is the contract	5 1359 1 E18H	ย้างนี้ ยิ่งใส้ใช้ กัฐได้
12.	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Ag	gent signal	ture required w	when reinstating)	DATE		
TITLE	OFFICERS AND D	<del></del>	13.			ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECT	ORS IN 12
NAME	1 - =	☐ DELETE	1.1 TITLE					Change	
	HARDY, RUTH		1.2 NAME	Ε		* * * *	•	C) Onlange	
STREET ADDRESS	TAKE OVALIENDON DINAT 2001		1.3 STRE	ET ADDRE	ess (	10 10 10 10 A		٠.	-
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-	ST-ZIP					-
TITLE	VD	☐ DELETE	2.1 TITLE		<del></del>				
NAME	VOGEL, STUART		2.2 NAME		ł			Change	☐ Addition
STREET ADDRESS	- TOO MEDICINEDIED DAINE		23 STREE	ET ADDRE	ee				
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-		33	!			
TITLE	SD	DELETE	3.1 TITLE	31-24	<del></del>				
NAME +	FULLER, JACK		3.2 NAME		İ			Change	☐ Addition
STREET ADDRESS	2542 CANTERBURY DRIVE NORTH			,	1				. †
ITY-ST-ZIP	WEST PALM BEACH FL		3.3 STREE		is			:	
TILE	T	☐ DELETE	3.4. CITY-5	ST-ZIP	<del></del>				
IAME .	KNAPP, CLARK	DECE 12	4.1 TITLE	i,	1			☐ Change	☐ Addition
TREET ADDRESS	2540 WESTCHESTER DR		4, 2 NAME						
TY-ST-ZIP	W. PALM BCH FL		4.3 STREE		is				
TLE .	DVP	□ DELETE	4.4 CITY-S	T-ZIP				15,	
AME	RAMSEY, ALZIE	☐ DELETE	5.1 TITLE			<del></del>		☐ Change	Addition
TREET ADDRESS	2544 CANTERBURY DRIVE SOUTH	į	5.2 NAME					-	_
TY-ST-ZIP	WEST PALM BEACH FL		5.3 STREET		s			•	J
7LE	DS DS		5.4 CITY-ST	r-ZIP		11 68			
	Extension and the second of th	☐ DELETE	6.1 TITLE					Change	□ A <sub>rdelisi</sub>
	DALTON, KEVIN		6.2 NAME		1				☐ Addition
REET ADDRESS	2543 WESTCHESTER DRIVE		6.3 STREET	ADDRESS	s			-	}
Y-ST-ZIP	WEST PALM BEACH FL  ertify that the information supplied with this		6.4 CITY-ST	-ZIP					
· I HELBIDA CE	THE WILL BE WINDS OF THE PROPERTY AND ALLERS AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY A		·						

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 efficiency 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.

