

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90142 014 ****61.25

DOCUMENT # 759695

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0064325

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLEIN, STUART B
 1551 FORUM PLACE, SUITE 400-B
 WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOOTH, MALISSA	
STREET ADDRESS	113 CANTERBURY DR. WEST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, GREGORY	
STREET ADDRESS	2545 DORAL WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GODDARD, CAROLYN	
STREET ADDRESS	110 CANTERBURY DR W	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OKATY, ROSALIE	
STREET ADDRESS	2527 DORAL WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCGEE, MARY	
STREET ADDRESS	2511 MANIKI DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, SANDRA L	
STREET ADDRESS	2542 WESTCHESTER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ART COBB	
STREET ADDRESS	2551 CANTERBURY DR N.	
CITY-ST-ZIP	W. Palm Beach FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosalie Okaty *Rosalie Okaty* 4/26/02 561 842 5550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)