

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759695

FILED
Jan 16, 2005
Secretary of State

Entity Name: LONE PINE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ASSOC. PROPERTY MGMT.
1928 LAKEWORTH RD.
LAKE WORTH, FL 33461

New Principal Place of Business:

ACS INC.
2300 PALM BEACH LAKES BLVD. SUITE 215B
WEST PALM BEACH, FL 33409

Current Mailing Address:

ASSOC. PROPERTY MGMT.
1928 LAKEWORTH RD.
LAKE WORTH, FL 33461

New Mailing Address:

ACS INC.
2300 PALM BEACH LAKES BLVD. SUITE 215B
WEST PALM BEACH, FL 33409

FEI Number: 90-0113615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATH, JOHN R LCAM
ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

ACS INC.
2300 PALM BEACH LAKES BLVD.
SUITE 215B
WEST PALM BEACH, FL 33409 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: RICHARD G. GREECE

01/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUGHES, MARY E
Address: 2538 CANTERBURY DR. S
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: MILLER, ANN
Address: 2561 INISBROOK RD.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD () Delete
Name: FEAGLEY, ROBERT
Address: 103 TIMBER RUN EAST
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD () Delete
Name: DYESS, FLOYD
Address: 2560 INISBROOK RD.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: WILLIAMS, CYNTHIA
Address: 2543 WEST CHESTER DR.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD () Delete
Name: LOVELACE, SUSAN
Address: 2554 CANTERBURY DR. S
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARY E. HUGHES

PD

01/16/2005

Electronic Signature of Signing Officer or Director

Date