

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759695

FILED  
Jan 29, 2008  
Secretary of State

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

**Current Principal Place of Business:**

C/O WARD, DAMON & POSNER, P.A.  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 333407

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WARD, DAMON & POSNER, P.A.  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 333407

**New Mailing Address:**

FEI Number: 90-0113615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POSNER, MICHAEL J ESQ.  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: SD      ( ) Delete  
Name: WALLEN, MARCIA  
Address: 300 CANTERBURY DR W  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D      ( ) Delete  
Name: WILLIAMS, CLAUDIA  
Address: 2518 TIMBER RUN EAST  
City-St-Zip: WEST PALM BEACH, FL 33407

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

Title: VPD      ( ) Delete  
Name: FRANKLIN, STEPHEN  
Address: 2551 INISBROOK RD  
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 exemption stated in Chapter 119, 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

P

01/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date