

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N04373 (9)

1. Corporation Name

THE VILLAGE AT LAKE PINE II HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

THE VILLAGE AT LAKE PINE II
1325 S.W. 120TH WAY
DAVIE FL 33325-3844

THE VILLAGE AT LAKE PINE II
1325 S.W. 120TH WAY
DAVIE FL 33325-3842

3. Date Incorporated or Qualified
07/26/1984

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2451936

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~STURSBURG, LINDA
1106 S.W. 118TH TERRACE
DAVIE FL 33325~~

81 Name Roy P. Stype
82 Street Address (P.O. Box Number is Not Acceptable) 1325 S.W. 120th Way
83
84 City DAVIE FL 85 Zip Code 33325

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 *Roy P. Stype* Roy P. Stype - Property Manager 1-7-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOVING, BOB	
STREET ADDRESS	11882 SW 12 PL	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PALERMO, NICK	
STREET ADDRESS	11936 SW 12 CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BEALE, CHERYL	
STREET ADDRESS	11903 S.W. 13TH COURT	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STURSBURG, LINDA	
STREET ADDRESS	1165 SW 118 TERRACE	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bailes, Cheryl	
1.3 STREET ADDRESS	11903 S.W. 13th Court	
1.4 CITY-ST-ZIP	DAVIE, FL 33325	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Maynet, Al	
2.3 STREET ADDRESS	11900 S.W. 13th Court	
2.4 CITY-ST-ZIP	DAVIE, FL 33325	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Alice-Lorraine M. VothHalle	
3.3 STREET ADDRESS	11871 S.W. 12th Place	
3.4 CITY-ST-ZIP	DAVIE, FL 33325	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sharon Goldstein	
4.3 STREET ADDRESS	1303 S.W. 118th Terrace	
4.4 CITY-ST-ZIP	DAVIE, FL 33325	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Inna Spata	
5.3 STREET ADDRESS	11910 S.W. 11th Court	
5.4 CITY-ST-ZIP	DAVIE, FL 33325	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Karl H. Voth Halle	
6.3 STREET ADDRESS	11871 S.W. 12th Place	
6.4 CITY-ST-ZIP	DAVIE, FL 33325	

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: *Cheryl Beale* CHERYL BEALE, President 1/7/97 927-9656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037250

CR2E037 (9/96)