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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N04373

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/26/1984

22 City & State

27 City & State

4. FEI Number
59-2451936

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STYPE, ROY P
1325 SW 120TH WAY
DAVIE FL 33325

81 Name

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

83

84 City

FL

85 Zip Code

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

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 TD
NAME GOLDSTEIN, SHARON
STREET ADDRESS 1303 SW 118TH TERRACE
CITY-ST-ZIP DAVIE FL

1.1 TITLE VD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33325

TITLE D
NAME SPATH, IRMA
STREET ADDRESS 11910 SW 11TH COURT
CITY-ST-ZIP DAVIE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33325

TITLE PD
NAME BEALE, CHERYL
STREET ADDRESS 11903 S.W. 13TH COURT
CITY-ST-ZIP DAVIE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33325

TITLE D
NAME VON HALLE, KARL H
STREET ADDRESS 11871 SW 12TH PLACE
CITY-ST-ZIP DAVIE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33325

TITLE VD
NAME MEYNET, AL
STREET ADDRESS 11900 SW 13TH COURT
CITY-ST-ZIP DAVIE FL

5.1 TITLE TD
5.2 NAME Wilberta Jean Parkes
5.3 STREET ADDRESS 1222 S.W. 120th Way
5.4 CITY-ST-ZIP DAVIE, FL 33325

TITLE SD
NAME VONHALLE, ALICE & LORRAI
STREET ADDRESS 11871 SW 12TH PLACE
CITY-ST-ZIP DAVIE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 33325

14. 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 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, with all other like empowered.

SIGNATURE:

Cheryl Beale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 954-927-9656

Date

Daytime Phone #

CR2E037 (1/1/98)