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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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

28 Zip

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Country

29 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	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, SHARON	
STREET ADDRESS	1303 SW 118TH TERRACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPATH, IRMA	
STREET ADDRESS	11910 SW 11TH COURT	
CITY-ST-ZIP	DAVIE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEALE, CHERYL	
STREET ADDRESS	11903 S.W. 13TH COURT	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VON HALLE, KARL H	
STREET ADDRESS	11871 SW 12TH PLACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEYNET, AL	
STREET ADDRESS	11900 SW 13TH COURT	
CITY-ST-ZIP	DAVIE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VONHALLE, ALICE & LORRAI	
STREET ADDRESS	11871 SW 12TH PLACE	
CITY-ST-ZIP	DAVIE FL	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33325	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33325	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	33325	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	33325	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wilberta Jean Parkes	
5.3 STREET ADDRESS	1222 S.W. 120th Way	
5.4 CITY-ST-ZIP	DAVIE, FL 33325	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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)