2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N04373 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** THE VILLAGE AT LAKE PINE II HOMEOWNERS' ASSOCIAT 01-19-2000 90168 014 ****61.25 Principal Place of Business Mailing Address THE VILLAGE AT LAKE PINE II THE VILLAGE AT LAKE PINE II 1325 S.W. 120TH WAY 1325 S.W. 120TH WAY DAVIE FL 33325-3842 DAVIE FL 33325-3844 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-245 1936 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STYPE, ROY P 1325 SW 120TH WAY **DAVIE FL 33325** City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Director Addition ☐ Delete TITLE TITLE Judith ConWell NAME NAME GOLDSTEIN, SHARON 907 5.W. 13th STREET ADDRESS STREET ADDRESS **1303 SW 118TH TERRACE** FL 33325 CITY-ST-ZIP CITY-ST-7IP **DAVIE FL 33325** ☐ Addition Change TITLE TITLE ☐ Defete hanou Gold NAME NAME SPATH, IRMA 1303 J. W. 18th Tenue STREET ADDRESS STREET ADDRESS 11910 SW 11TH COURT CITY-ST-ZIP CITY-ST-ZIP DAVIE-FL 33325 Change ☐ Addition TITLE PD ☐ Delete TITLE NAME BEALE, CHERYL NAME 11908 S.W. 13th Count STREET ADDRESS STREET ADDRESS 11903 S.W. 13TH COURT CITY-ST-7IP CITY-ST-ZIP <u>DAVIE FL 33325</u> Change Change ☐ Addition ☐ Delete TITI E VON HALLE, KARL H NAME NAME STREET ADDRESS STREET ADDRESS 11871 SW 12TH PLACE CITY-ST-7IP CITY-ST-ZIP DAME FL 33325 Delete TITLE Change Addition NAME PARKES, WILBERTA J NAME STREET ADDRESS STREET ADDRESS 1222 S.W. 120TH WAY CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33325 SD ☐ Delete ☐ Addition NAME **VONHALLE, ALICE & LORRAI** NAME 5. U. 124 Place STREET ADDRESS STREET ADDRESS 11871 SW 12TH PLACE CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33325** 12. 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 report or supplemental 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 10 or Block 11 if

changed, or on an attachment w her like empowered. SIGNATURE: