

FILE NOW: FILING FEE IS \$31.95

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N04373

1. Corporation Name

The Village at Lake Pine II,
Homeowners Association, Inc.

Principal Place of Business

Mailing Address

The Village at Lake Pine II
Homeowners Association, Inc.
1325 S.W. 120th Way
Davie, FL 33325-3844

3. Date Incorporated or Qualified

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21 Village at Lake Pine II 26 1325 S.W. 120th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Davie FL

27 City & State
28 Davie FL

24 Zip Country
33325-3844 25 Broward

29 Zip Country
33325-3844 30 Broward

4. FEI Number

59-2451936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

Custom Property Management
10061 Sunset Strip
Sunrise, FL 33322

10. Name and Address of New Registered Agent

81 Name Linda Stursberg
82 Street Address (P.O. Box Number is Not Acceptable)
1165 S.W. 118th Terrace
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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE *Linda Stursberg* Linda Stursberg, Treasurer

2/22/96

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Bob Loving	
STREET ADDRESS	11882 S. W. 12th Place	
CITY, ST, ZIP	Davie, FL 33325	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Nick Palermo	
STREET ADDRESS	11936 S.W. 12th Court	
CITY, ST, ZIP	Davie, FL 33325	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Bobbie Fulweber	
STREET ADDRESS	11877 S.W. 11th Court	
CITY, ST, ZIP	Davie, FL 33325	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Linda Stursberg	
STREET ADDRESS	1165 S.W. 118th Terrace	
CITY, ST, ZIP	Davie, FL 33325	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	Secretary
32 NAME	Cheryl Beale
33 STREET ADDRESS	11903 S.W. 13th Court
34 CITY, ST, ZIP	Davie, FL 33325
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Linda Stursberg
LINDA STURSBURG

2/22/96 954-476-7677

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25037 (12/95)