

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33325-3844THE VILLAGE AT LAKE PINE II
1325 S.W. 120TH WAY
DAVIE FL 33325-38423. Date Incorporated or Qualified
07/26/19843a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2451936

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

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 - Property Manager

1-7-97

Signature of officer or director of corporation (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
NAME LOVING, BOB
STREET ADDRESS 11882 SW 12 PL
CITY-ST-ZIP DAVIE FL
☒ DELETE1.1 TITLE PD
1.2 NAME Baale, Cheryl
1.3 STREET ADDRESS 11903 S.W. 15th Court
1.4 CITY-ST-ZIP DAVIE, FL 33325
☒ Change ☐ AdditionTITLE VD
NAME PALERMO, NICK
STREET ADDRESS 11936 SW 12 CT
CITY-ST-ZIP DAVIE FL
☒ DELETE2.1 TITLE VD
2.2 NAME Maynet, Al
2.3 STREET ADDRESS 11960 S.W. 15th Court
2.4 CITY-ST-ZIP DAVIE, FL 33325
☐ Change ☒ AdditionTITLE S
NAME BEALE, CHERYL
STREET ADDRESS 11903 S.W. 13TH COURT
CITY-ST-ZIP DAVIE FL 33325
☒ DELETE3.1 TITLE SD
3.2 NAME Alice Lonnard, M. VonHalle
3.3 STREET ADDRESS 11871 S.W. 12th Place
3.4 CITY-ST-ZIP DAVIE, FL 33325
☐ Change ☒ AdditionTITLE TD
NAME STURSBERG, LINDA
STREET ADDRESS 1165 SW 118 TERRACE
CITY-ST-ZIP DAVIE FL
☒ DELETE4.1 TITLE TD
4.2 NAME Sharon Goldstein
4.3 STREET ADDRESS 1303 S.W. 118th Terrace
4.4 CITY-ST-ZIP DAVIE, FL 33325
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE D
5.2 NAME Irma Spata
5.3 STREET ADDRESS 11910 S.W. 15th Court
5.4 CITY-ST-ZIP DAVIE, FL 33325
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE D
6.2 NAME Karl H. Von Halle
6.3 STREET ADDRESS 11871 S.W. 12th Place
6.4 CITY-ST-ZIP DAVIE, FL 33325
☐ Change ☒ Addition

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

922-9456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037250

CR2E037 (9/96)