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Mar 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 767499 (7)

1. Corporation Name

THE VILLAGE AT LAKE PINE HOMEOWNERS' ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

10001 W OAKLAND PK BLVD
STE 300
SUNRISE FL 33351
US

10001 W OAKLAND PARK BLVD
STE 300
SUNRISE FL 33351-6925
US



3. Date Incorporated or Qualified
03/15/1983

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 3475 HIATUS RD

25 3475 HIATUS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SUNRISE, FL

28 SUNRISE, FL

24 Zip 33351

Country USA

29 Zip 33351

Country USA

4. FEI Number

59-2294734

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

10. Name and Address of New Registered Agent

POLIAKOFF, GARY A. ESQ.
3111 STIRLING RD
POST OFFICE BOX 9057
FT LAUDERDALE FL 33310

81 Name MALCOLM H. WALDRON III
82 Street Address (P.O. Box Numbers Not Acceptable)
A&M PROPERTY MGT.
3475 HIATUS RD
83 City
84 SUNRISE
85 Zip Code FL 33351

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)

3/11/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DOMINGUEZ, RICHARD
STREET ADDRESS 11930 SW 9TH MANOR
CITY-ST-ZIP DAVIE FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE VPD
NAME LEVINE, MARK
STREET ADDRESS 762 SW 120TH WAY
CITY-ST-ZIP DAVIE FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE TD
NAME VIZZINI, DOUGLAS
STREET ADDRESS 855 SW 118TH TRR
CITY-ST-ZIP DAVIE FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE DS
NAME FRIEDMAN, MARK
STREET ADDRESS 11857 SW 8TH COURT
CITY-ST-ZIP DAVIE FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME SMITH, THERESA G
STREET ADDRESS 11852 SW 9TH T
CITY-ST-ZIP DAVIE FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ 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

[Signature]

2/1/97 (and) 2/2/97

CR2E037 (9/96)