2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90168 014 ****61.25

DOCUMENT # N04373

1. Entity Name

THE VILLAGE AT LAKE PINE II HOMEOWNERS' ASSOCIAT

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
THE VILLAGE AT LAKE PINE II 1325 S.W. 120TH WAY DAVIE FL 33325-3844 US	THE VILLAGE AT LAKE PINE II 1325 S.W. 120TH WAY DAVIE FL 33325-3842 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2451936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STYPE, ROY P 1325 SW 120TH WAY DAVIE FL 33325	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be *Added to Fees*	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GOLDSTEIN, SHARON 1303 SW 118TH TERRACE DAVIE FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Judith Conwell 11907 S.W. 13th Court Davie, FL 33325	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPATH, IRMA 11910 SW 11TH COURT DAVIE FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Sharon Goldstein 1303 S.W. 118th Terrace Davie, FL 33325	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEALE, CHERYL 11903 S.W. 13TH COURT DAVIE FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Cheryl Beale 11903 S.W. 13th Court Davie, FL 33325	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VON HALLE, KARL H 11871 SW 12TH PLACE DAVIE FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Inma Spath 11910 S.W. 11th Court Davie, FL 33325	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PARKES, WILBERTA J 1222 S.W. 120TH WAY DAVIE FL 33325	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~[illegible]~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VONHALLE, ALICE & LORRAI 11871 SW 12TH PLACE DAVIE FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Karl H. von Halle 11871 S.W. 12th Place Davie, FL 33325	☑ Change ☐ Addition

CR2E037 (9/99)

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 with an address, with all other like empowered.

SIGNATURE: Marion Goldstein President 1/11/00 954-476-7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #