

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90332 011 ****61.25

DOCUMENT # 767499

1. Entity Name
**THE VILLAGE AT LAKE PINE HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**750 SW 19TH WAY
DAVE, FL 33325 US**

Mailing Address
**COCO, 2035 HARDING ST.
SUITE 200
HOLLYWOOD, FL 33020 US**

24047090



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2294734

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ANDY MEYROWITZ
C/O DCI HARDING ST. SUITE 200
HOLLYWOOD, FL 33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **POST, CHIP**
STREET ADDRESS **897 SW 120TH WAY**
CITY-ST-ZIP **DAVE, FL 33325**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **VIZZINI, DOUGLAS**
STREET ADDRESS **855 SW 118TH TRR**
CITY-ST-ZIP **DAVE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **MUEHL, CAROL**
STREET ADDRESS **871 SW 120TH WAY**
CITY-ST-ZIP **DAVE, FL 33325**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **BRANDON, SCOTT**
STREET ADDRESS **886 SW 120TH WAY**
CITY-ST-ZIP **DAVE, FL 33325**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MESSEROFF, ALEC**
STREET ADDRESS **807 119TH WAY**
CITY-ST-ZIP **DAVE, FL 33315**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Alec M. Messeroff **ALEC M. MESSEROFF, PRESIDENT** 4/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #