## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N04373

FILED Jan 17, 2003 Secretary of State

Entity Name: THE VILLAGE AT LAKE PINE II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
1325 S.W.	GE AT LAKE 120TH WAY 333253844	,				
Current Mailing Address:			New Mailir	New Mailing Address:		
1325 S.W.	GE AT LAKE 120TH WAY 333253844	•				
FEI Number:	59-2451936	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Ce	ertificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of New	Registered Agent:	
STYPE, RC 1325 SW 12 DAVIE, FL	20TH WAY	S				
The above in the State		y submits this statement for the pur	pose of changing it	s registered office	e or registered agent, or both,	
SIGNATUR	E:					
	Electro	onic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GOLDSTEIN,	BTH TERRACE	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	PD (BEALE, CHE 11903 S.W. 1 DAVIE, FL 3	13TH COURT	Title: Name: Address: City-St-Zip:	()Chi	ange()Addition	
Title: Name: Address: City-St-Zip:	AUGUSTINE,	( ) Delete JACQUELYN 18TH TERRACE 3325	Title: Name: Address: City-St-Zip:	( ) Cha	ange()Addition	
Title: Name: Address: City-St-Zip:	TD CONNELL, JU 11907 SW 13 DAVIE, FL 33	ВТН СТ	Title: Name: Address: City-St-Zip:	D (X) Ch CONNELL, JUDITH 11907 SW 13TH C DAVIE, FL 33325		
Title: Name: Address: City-St-Zip:	D (ARCHIPRETE 1175 S.W. 12 DAVIE, FL 3	20TH WAY	Title: Name: Address: City-St-Zip:	TD (X) Ch PICKOVER, JEFFE 11914 SW 12TH CO DAVIE, FL 33325		
Title: Name: Address: City-St-Zip:	SD ( READ, SCOT 11894 S.W. 1 DAVIE, FL 33	12TH PLACE	Title: Name: Address: City-St-Zip:	( ) Ch	ange()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERLY BEALE PD 01/17/2003

DAN GARVER 1207 SW 120TH WAY DAVIE, FL 33325