

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04373

FILED
Mar 31, 2015
Secretary of State
CC9331636154

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

Current Principal Place of Business:

THE VILLAGE AT LAKE PINE II
1325 S.W. 120TH WAY
DAVIE, FL 33325-3844

Current Mailing Address:

THE VILLAGE AT LAKE PINE II
P.O. BOX 802
POMPANO BEACH, FL 33061 US

FEI Number: 59-2451936

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
5297 WEST COPANS ROAD
MARGATE, FL 33063 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BASTOS, JESSIE
Address 11912 SW 11 COURT
City-State-Zip: DAVIE FL 33325

Title PD
Name BEALE, CHERYL
Address 11903 SW 13 COURT
City-State-Zip: DAVIE FL 33325

Title TREASURER
Name ARCHIPRETE, WINNIE
Address 1175 SW 120 WAY
City-State-Zip: DAVIE FL 33325

Title VP
Name FULWEBER, ROBERTA
Address 11877 SW 11 COURT
City-State-Zip: DAVIE FL 33325

Title D
Name LEYLAND, ED
Address 1300 SW 120 WAY
City-State-Zip: DAVIE FL 33325

Title DIRECTOR
Name CAPUTO, ROCCO
Address 11922 SW 13 COURT
City-State-Zip: DAVIE FL 33325

Title SECRETARY
Name WHITNEY, NOELLE
Address 11922 SW 13 COURT
City-State-Zip: DAVIE FL 33325

I hereby 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 all other like empowered.

SIGNATURE: CHERYL BEALE

PRESIDENT

03/31/2015

Electronic Signature of Signing Officer/Director Detail

Date