

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04373

**FILED  
Apr 10, 2017  
Secretary of State  
CC2818423684**

**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:**

TUCKER & TIGHE P.A.  
800 E BROWARD BLVD STE 710  
FORT LAUDERDALE, FL 33301 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            SECRETARY  
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

*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**

**04/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date