

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04373

**FILED**  
**Mar 18, 2022**  
**Secretary of State**  
**2571627151CC**

**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  
5310 NW 33RD AVE SUITE 201  
FORT LAUDERDALE, FL 33309 US

**FEI Number: 59-2451936**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EDWARD F. HOLODAK, P.A.  
7951 SW 6TH STREET  
SUITE 210  
PLANTATION, FL 33324 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:** EDWARD F. HOLODAK, ESQ.

03/18/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BEALE, CHERYL  
Address        11903 SW 13 COURT  
                  211  
City-State-Zip: DAVIE FL 33325

Title            DIRECTOR  
Name            FULWEBER, ROBERTA  
Address        11877 SW 11 COURT  
                  25  
City-State-Zip: DAVIE FL 33325

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

Title            TREASURER  
Name            SULLIVAN, MAUREEN  
Address        1155 SW 118TH TERRACE  
                  46  
City-State-Zip: DAVIE FL 33325-3844

Title            VP  
Name            HILL, BRIAN  
Address        1155 SW 118TH TERRACE  
                  46  
City-State-Zip: DAVIE FL 33325

Title            SECRETARY  
Name            GARVER, DANIEL  
Address        1207 SW 120 WAY  
                  97  
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**

03/18/2022

Electronic Signature of Signing Officer/Director Detail

Date