2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04373

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

INC.

FILED
Mar 31, 2015
Secretary of State
CC9331636154

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 Title PD

 Name
 BASTOS, JESSIE
 Name
 BEALE, CHERYL

 Address
 11912 SW 11 COURT
 Address
 11903 SW 13 COURT

 City-State-Zip:
 DAVIE FL 33325
 City-State-Zip:
 DAVIE FL 33325

Title TREASURER Title VP

NameARCHIPRETE, WINNIENameFULWEBER, ROBERTAAddress1175 SW 120 WAYAddress11877 SW 11 COURTCity-State-Zip:DAVIE FL 33325City-State-Zip:DAVIE FL 33325

Title D Title DIRECTOR

NameLEYLAND, EDNameCAPUTO, ROCCOAddress1300 SW 120 WAYAddress11922 SW 13 COURTCity-State-Zip:DAVIE FL 33325City-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