

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

MAR 28 1996  
R G

DOCUMENT # 767499 (7)  
1. Corporation Name  
**THE VILLAGE AT LAKE PINE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
750 SW 119 WAY P.O. BOX 292485  
DAVIE FL 33329 DAVIE FL 33329

3. Date Incorporated or Qualified 03/15/1983 3a. Date of Last Report 08/02/1995

2. Principal Place of Business 2a. Mailing Address  
21 10001 W. Oakland Pk Blvd 26 10001 W. Oakland Pk Blvd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 300 27 Suite 300  
City & State City & State  
23 SUNRISE, FL 28 SUNRISE, FL  
Zip Country Zip Country  
24 33351 25 USA 29 33351 30 USA

4. FEI Number 59-2294734 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
POLIAKOFF, GARY A. ESQ.  
3111 STIRLING RD  
POST OFFICE BOX 9057  
FT LAUDERDALE FL 33310

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCPHERSON, JOHN	
STREET ADDRESS	11873 S.W. 9TH COURT	
CITY-ST-ZIP	DAVIE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KIER, JAY	
STREET ADDRESS	11850 S.W. 9TH COURT	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VIZZINI, DOUGLAS	
STREET ADDRESS	855 SW 118TH TRR	
CITY-ST-ZIP	DAVIE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CASTLE, STUART	
STREET ADDRESS	11854 S.W. 9TH COURT	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, THERESA G	
STREET ADDRESS	11852 SW 9TH T	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD DOMINGUEZ	
1.3 STREET ADDRESS	11930 SW 9TH MONIA	
1.4 CITY-ST-ZIP	DAVIE, FL 33327	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARK LEVINE	
2.3 STREET ADDRESS	762 SW 120TH WAY	
2.4 CITY-ST-ZIP	DAVIE, FL 33327	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARK FRIEDMAN	
4.3 STREET ADDRESS	11857 SW 8TH COURT	
4.4 CITY-ST-ZIP	DAVIE, FL 33327	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/26/96 Richard Dominguez (CSA) 741-4666  
DATE: Daytime Phone #

CR2E037 (12/95)