

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767499 (7)**  
1. Corporation Name  
**THE VILLAGE AT LAKE PINE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>9475 HIATUS RD STE 300 SUNRISE FL 33351 US</b>	Mailing Address <b>3475 HIATUS RD STE 300 SUNRISE FL 33351 US</b>
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3. Date Incorporated or Qualified  
**03/15/1983**

4. FEI Number <b>59-2294734</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MALCOLM H WALDRON III  
A & M PROPERTY MGT  
3475 HIATUS RD  
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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]* DATE: **4/20/98**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>DOMINGUEZ, RICHARD</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>11930 SW 9TH MANOR</b>	CITY-ST-ZIP <b>DAVE FL</b>	
TITLE <b>VPD</b>	NAME <b>LEVINE, MARK</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>762 SW 120TH WAY</b>	CITY-ST-ZIP <b>DAVE FL</b>	
TITLE <b>TD</b>	NAME <b>VIZZINI, DOUGLAS</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>855 SW 118TH TRR</b>	CITY-ST-ZIP <b>DAVE FL</b>	
TITLE <b>OS</b>	NAME <b>FRIEDMAN, MARK</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>11857 SW 8TH COURT</b>	CITY-ST-ZIP <b>DAVE FL</b>	
TITLE <b>D</b>	NAME <b>MCPHERSON JOHN</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>11873 SW 9TH CT</b>	CITY-ST-ZIP <b>DAVE FL</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Carol Muchl</b>	
1.3 STREET ADDRESS <b>871 SW 120th Way</b>	
1.4 CITY-ST-ZIP <b>Davie, FL 33325</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Scott Brandel</b>	
2.3 STREET ADDRESS <b>886 SW 120th Way</b>	
2.4 CITY-ST-ZIP <b>Davie, FL 33325</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* DATE: **4/16/98**

CR2E037 (1097)