

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90010 040 \*\*\*\*61.25

003692

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767499

1. Corporation Name

THE VILLAGE AT LAKE PINE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

3475 HIATUS RD  
~~STE 000~~  
SUNRISE FL 33351  
US

Mailing Address

3475 HIATUS RD  
~~STE 000~~  
SUNRISE FL 33351  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/15/1983

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

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

81 Name *A & M Property MGT*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*3475 NORTH HIATUS ROAD*  
83  
84 City *SUNRISE* FL 85 Zip Code *33351*

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 *3/5/99*

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, RICHARD	
STREET ADDRESS	11930 SW 9TH MANOR	
CITY-ST-ZIP	DAVIE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEVINE, MARK	
STREET ADDRESS	762 SW 120TH WAY	
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	D	<input type="checkbox"/> DELETE
NAME	MUHL, CAROL	
STREET ADDRESS	871 SW 120TH WAY	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDEL, SCOTT	
STREET ADDRESS	886 SW 120TH WAY	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *[Signature]* Richard Dominguez 3/15/99 (305) 874-1306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)