

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90093 003 \*\*\*\*61.25

DOCUMENT # 767499  
 1. Entity Name  
**VILLAGE AT LAKE PINE HOMEOWNERS ASSOCIATION**

Principal Place of Business Mailing Address  
**C/O MIAMI MANAGEMENT**  
**1189 Sawgrass Corporate Parkway**  
**Sunrise, FL 33323**

10005075

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **1189 Sawgrass Corp. Pkwy**  
 City & State **Sunrise, FL**  
 Zip **33325** Country **Broward**

4. FEI Number **59-2294734** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Tripp Scott**

7. Name and Address of New Registered Agent  
 Name **Tripp Scott, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**110 SE WINDY**  
**15 AV**  
 City **FTLauderdale** FL Zip Code **33301**

8. 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 [Signature] Director of Tripp Scott, P.A. DATE 4/28/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	Carol Muehl	
STREET ADDRESS	871 SW 120th Way	
CITY-ST-ZIP	Davie, FL 33325	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Douglas Vizzini	
STREET ADDRESS	855 SW 118th Terr	
CITY-ST-ZIP	Davie, FL 33325	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Scott Brandon	
STREET ADDRESS	886 SW 120th Way	
CITY-ST-ZIP	Davie, FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alec Messeroff	
STREET ADDRESS	807 119th Way	
CITY-ST-ZIP	Davie, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chip Post	
STREET ADDRESS	897 SW 120th Way	
CITY-ST-ZIP	Davie, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn Muehl Apr 24, 2000

CR2E037 (9/99)