


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 767499	
1. Entity Name THE VILLAGE AT LAKE PINE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 750 SW 119TH WAY DAVIE, FL 33325 US	Mailing Address 750 SW 119TH WAY DAVIE, FL 33325 US
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DO NOT WRITE IN THIS SPACE

04092008 No Chg-NP		CR2E037 (4/06)
4. FEI Number 59-2294734	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY SUITE 103 FT. LAUDERDALE, FL 33309	

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000896745
 04/25/08-80019-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LEVINE, MARK 762 SW 120TH WAY DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD WILES, DUANE 833 SW 118TH TRR DAVIE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD MUEHL, CAROL 871 SW 120TH WAY DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD BRANDON, SCOTT 886 SW 120TH WAY DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MESSEROFF, ALEC 807 119TH WAY DAVIE, FL 33315
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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. 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 an other person empowered.

SIGNATURE:  **PRESIDENT** **ALEC MESSEROFF** 4/9/08 (954) 916-1575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #