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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:07

DOCUMENT # N01874 (9)

1. Corporation Name

LAKE PINE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 19264 P. O. BOX 19264 W PALM BCH FL 33416-9264 US	PO BOX 19264 P. O. BOX 19264 W PALM BCH FL 33416 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/09/1984
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2660882 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARD, BANTA
4838 D SUNNY PALM CIRCLE
W PALM BCH FL 33415

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE	D VP	☒ Change ☐ Addition
NAME	BOURQUE, SHIRLEY	1.2 NAME	KEVIN GLEICHAUF	
STREET ADDRESS	4822 B SUNNY PALM CIR	1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP		
TITLE	D/T	2.1 TITLE	D S	☒ Change ☐ Addition
NAME	BEVERLY J. HENSON	2.2 NAME	CHARLYNE JACKSON	
STREET ADDRESS	4838 SUNNY PALM CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33415	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE	D P T	☒ Change ☐ Addition
NAME	RICHARD, BANTA	3.2 NAME		
STREET ADDRESS	4838 D SUNNY PALM CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33415	3.4 CITY-ST-ZIP		
TITLE	DVP	4.1 TITLE		☐ Change ☐ Addition
NAME	RICHARD MORRIS	4.2 NAME		
STREET ADDRESS	4822 D SUNNY PALM CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33415	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Richard Banta 1-18-95 407-686-6258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048781