

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01874 (9)
1. Corporation Name
LAKE PINE ESTATES HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **03/09/1984** 3a. Date of Last Report **02/06/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2660882	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	24	25
29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **St. John King & Dicker**
82 Street Address (P.O. Box Number is Not Acceptable)
500 Australian Ave
83 **Clearlake Plaza - Suite 600**
84 City **West Palm Beach** FL 85 Zip Code **33401**

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 *Edwin J. Dicker of St. John King & Dicker* **4/17/96**
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	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GLEICHAUF, KEVIN	
STREET ADDRESS	4822-B SUNNY PALM CIR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, CHARLYNE	
STREET ADDRESS	4838 SUNNY PALM CIRCLE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD, BANTA	
STREET ADDRESS	4838 D SUNNY PALM CIRCLE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Morris	
1.3 STREET ADDRESS	4822B Sunny Palm Circle	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33415	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeffrey Jackson	
2.3 STREET ADDRESS	4838 4774-A Sunny Palm Circle	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33415	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kerry Cassone	
3.3 STREET ADDRESS	4781-C Sunny Palm Circle	
3.4 CITY-ST-ZIP	West Palm Beach FL 33415	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Banta	
4.3 STREET ADDRESS	4838 D Sunny Palm Circle	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33415	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	300001789133	
5.4 CITY-ST-ZIP	-04/22/96--01071--005	
6.1 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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* **RICHARD BANTA** **2-13-96** **407 686 6707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

4-22-96