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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 P. O. BOX 19264 W PALM BCH FL 33416-9264 US	PO BOX 19264 P. O. BOX 19264 W PALM BCH FL 33416-9264 US

3. Date Incorporated or Qualified: 03/09/1984
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE.
CLEARLAKE PLAZA SUITE 600
WEST PALM BEACH FL 33401

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 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 _____ 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	DP	☑ DELETE	1.1 TITLE	DP ☐ Change ☐ Addition
NAME	MORRIS, RICHARD		1.2 NAME	Richard Banta
STREET ADDRESS	4822 D SUNNY PALM CIR.		1.3 STREET ADDRESS	4838 D Sunny Palm Cir
CITY-ST-ZIP	WEST PALM BCH FL 33415		1.4 CITY-ST-ZIP	West Palm Bch FL 33415
TITLE	DVP	☐ DELETE	2.1 TITLE	D.V.P. ☐ Change ☐ Addition
NAME	JACKSON, JEFFREY		2.2 NAME	Jeffery Jackson
STREET ADDRESS	4774-A SUNNY PALM CIR.		2.3 STREET ADDRESS	4774-A Sunny Palm Cir
CITY-ST-ZIP	W PALM BEACH FL 33415		2.4 CITY-ST-ZIP	West Palm Bch FL 33415
TITLE	DT	☑ DELETE	3.1 TITLE	D.T. ☐ Change ☐ Addition
NAME	RICHARD, BANTA		3.2 NAME	Judith Flaagan
STREET ADDRESS	4838 D SUNNY PALM CIRCLE		3.3 STREET ADDRESS	4793 A Sunny Palm Cir
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP	West Palm Bch FL 33415
TITLE	DS	☐ DELETE	4.1 TITLE	D.S. ☐ Change ☐ Addition
NAME	CASSONE, KERRY		4.2 NAME	Kerry Cassone
STREET ADDRESS	4838 D SUNNY PALM CIR.		4.3 STREET ADDRESS	4838 D. Sunny Palm Cir
CITY-ST-ZIP	W PALM BCH FL 33415		4.4 CITY-ST-ZIP	West Palm Bch FL 33415
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED Richard Banta 561-686-6707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 3/6/97 — Daytime Phone # 0041428