


FILE NOW: FILING FEE IS \$61.25

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**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO1874 (9)
1. Corporation Name
LAKE PINE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business PO BOX 19264 P. O. BOX 19264 W PALM BCH FL 33416-9264 US	Mailing Address PO BOX 18264 P. O. BOX 19264 W PALM BCH FL 33416 US
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3. Date Incorporated or Qualified 03/09/1984	
4. FEI Number 59-2660882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4797 SUNNY PALM CIRCLE Suite, Apt. #, etc.	2a. Mailing Address 26 4797 SUNNY PALM CIRCLE Suite, Apt. #, etc.
22 City & State 23 WEST PALM BEACH, FL Zip 24 33415 Country 25 USA	27 City & State 28 WEST PALM BEACH, FL Zip 29 33415 Country 30 USA

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	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 **EDWARD DICKER** (NOTE: Registered Agent signature required when reinstating) DATE **1/10/98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BANTE, RICHARD	
STREET ADDRESS	4838 D SUNNY PALM CIR	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, JEFFREY	
STREET ADDRESS	4774-A SUNNY PALM CIR.	
CITY-ST-ZIP	W PALM BEACH FL 33415	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HAOGAN, JUDITH	
STREET ADDRESS	4838 D SUNNY PALM CIRCLE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CASSONE, KERRY	
STREET ADDRESS	4838 D SUNNY PALM CIR.	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT (DP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEBORAH	
1.3 STREET ADDRESS	4797 SUNNY PALM CIRCLE	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
2.1 TITLE	VICE PRESIDENT (DVP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JUARBE, CAESAR	
2.3 STREET ADDRESS	4797 SUNNY PALM CIRCLE	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
3.1 TITLE	TREASURER (DT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BENJAMIN, CHARLES	
3.3 STREET ADDRESS	4797 SUNNY PALM CIRCLE	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
4.1 TITLE	SECRETARY (DS)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WELLS, ELSBETH	
4.3 STREET ADDRESS	4797 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		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: **Deborah S. Rowland President** DATE: **1/10/98** 561-533-7225

CR2E037 (10/97)