2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90036 019 ****61.25

DOCUMENT # N01874

1. Entity Name

LAKE PINE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4797 SUNNY PALM CIRCLE W PALM BCH FL 33415 US	4797 SUNNY PALM CIRCLE W PALM BCH FL 33415-2871 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2660882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ST. JOHN, KING & DICKER 500 AUSTRALIAN AVE. CLEARLAKE PLAZA SUITE 600 WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROWAND, DEBORAH 4797 SUNNY PALM CIRCLE WEST PALM BCH FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Tabakis, Donna 4797 Sunny Palm Cr. West Palm Bch, Fl. 33415	☑ Change ☐ *
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BOURQUE, BRYON 4797 SUNNY PALM CIRCLE W PALM BEACH FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP/DS Benjamin, Charles 4797 Sunny Palm Cr. West Palm Bch, Fl. 33415	☑ Change ☐ *
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BENJAMIN, CHARLES 4797 SUNNY PALM CIRCLE W PALM BCH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Matriscino, Robin 4797 Sunny Palm Cr. West Palm Bch, Fl. 33415	☑ Change ☐ *
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WELLS, ERSKINE 4797 SUNNY PALM CIRCLE W PALM BCH FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McKinney, Diane 4797 Sunny Palm Cr. West Palm Bch, Fl. 33415	☑ Change ☐ *
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ *
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ *

12. 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 report or supplemental 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 10 or Block 11 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robin F. Matriscino Robin F. Matriscino 1/31/00 (561) 471-7...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #