

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01874

1. Entity Name

LAKE PINE ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90079 017 ****61.25

Principal Place of Business

4797 SUNNY PALM CIRCLE
W PALM BCH FL 33415
US

Mailing Address

4797 SUNNY PALM CIRCLE
W PALM BCH FL 33415
US

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 TABAKIS, DONNA 4797 SUNNY PALM CR. WEST PALM BEACH FL 33415	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BENJAMIN, CHARLES 4797 SUNNY PALM CCR WEST PALM BEACH FL 33415	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MATRISCINO, ROBIN 4797 SUNNY PALM CR. W PALM BCH FL 33415	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, DIANE 4797 SUNNY PALM CR. W PALM BCH FL 33415	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Banta, Richard 4838-D Sunny Palm Cr W. P. B, FL. 33415	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Skinner, Margaret 4781-D Sunny Palm Cr WPB, FL. 33415	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robin F. Matriscino* Treasurer 2/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

642-3661

CR2E037 (10/00)