

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 12, 2005  
Secretary of State**

DOCUMENT# N01874

Entity Name: LAKE PINE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4797 SUNNY PALM CIRCLE  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

4797 SUNNY PALM CIRCLE  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

FEI Number: 59-2660882      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVE SO. #400  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SENCER, STEVEN N  
Address: 4766 SUNNY PALM CIRCLE #2A  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: DV ( ) Delete  
Name: SPENCER, CARL  
Address: 6351 ROCK CREEK DR  
City-St-Zip: LAKE WORTH, FL 33467

Title: DT ( ) Delete  
Name: HARPER, VANCE  
Address: 4757-B SUNNY PALM CRL  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SENCER, STEVEN N  
Address: 4766-A SUNNY PALM CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: DV (X) Change ( ) Addition  
Name: RAMOS, ROXIE  
Address: 4782-C SUNNY PALM CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: JACKSON, CHARLAYNE  
Address: 4774-A SUNNY PALM CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN N. SENCER

DP

01/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date