

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01874

FILED
Jan 11, 2008
Secretary of State

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:

RUBIN, STEVEN D
980 NORTH FEDERAL HIGHWAY
SUITE # 434
BOCA RATON, FL, FL 33432 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: RAMOS, ROXIE
Address: 4782-C SUNNY PALM CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: DV (X) Delete
Name: WALKER, THOMAS
Address: 4765-D SUNNY PALM CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33415

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

Title: D () Delete
Name: LARA, DANIEL
Address: 4806-C SUNNY PALM CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: ZADA, RENE
Address: 4781-B SUNNY PALM CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SRINIVASAM, SRIRASM
Address: 5002 ELPINE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROXIE RAMOS

DP

01/11/2008

Electronic Signature of Signing Officer or Director

Date