

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90192 004 ****61.25

003/051

DOCUMENT # N01874

1. Entity Name

LAKE PINE ESTATES HOMEOWNERS ASSOCIATION, INC.



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 **Dicker, Krivok + Stoloff Atty**
Street Address (P.O. Box Number is Not Acceptable)
500 Australian Ave
Clearlake Plaza Suite 600
City **WPB** FL Zip Code **33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robin F. Matiscino DT** DATE **4/10/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete
NAME **MATRISCINO, ROBIN**
STREET ADDRESS **479 SUNNY PALM CR.**
CITY-ST-ZIP **W PALM BCH FL 33415**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCKINNEY, DIANE**
STREET ADDRESS **4797 SUNNY PALM CR.**
CITY-ST-ZIP **W PALM BCH FL 33415**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **LALLA, WILLIAM**
STREET ADDRESS **4798-B SUNNY PALM CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☒ Delete
NAME **JACKSON, JEFFREY**
STREET ADDRESS **4774-A SUNNY PALM CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☒ Change ☐ Addition
NAME **DVP**
STREET ADDRESS **Bourque, Bryon**
CITY-ST-ZIP **4822-B Sunny Palm Cr**
WPB, FL 33415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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. Matiscino** DATE **4/10/03** (561) 548-3661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)