

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 25 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1874 1. Entity Name LAKE PINE ESTATES HomeOWNERS ASSOCIATION, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4797 SUNNY PALMS Cir.	3. Mailing Address 4797 SUNNY PALMS Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State WEST PALM BEACH, FL.	City & State WEST PALM BEACH, FL.
Zip 33415	Country PAIM BEACH

11/10/03 01065 007 \$61.25
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 592660882	
	Applied For ☐ Not Applicable	
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
Name DICKER, KAROL K & STOLOFF, P.A.		
Street Address (P.O. Box Number is Not Acceptable) ATTORNEYS AT LAW		
1818 AUSTRALIAN AVE. So. # 400		
City WEST PALM BEACH FL Zip Code 33409		

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

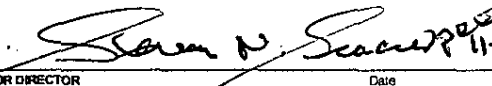
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D/P	STEVEN N. SENCER	4766 SUNNY PALM Circle #2A WEST PALM BEACH, FL 33415
	D/VP	WILLIAM LALLA	4798 SUNNY PALMS Circle #B WEST PALM BEACH, FL. 33415
	D/T	RUBY KARAGIANNIS	4798 SUNNY PALMS Circle #C WEST PALM BEACH, FL. 33415

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IN THIS SPACE

JR 11/25

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEVEN N. SENCER, PRES.**  11-24-03 6864893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34B (12/02)