AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 NOV 25 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01874

1. Entity Name
LAKE PINE ESTATES HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
4797 SUNNY PALMS CIR.	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: PALM BEACH	Zip: 33415 Country: PALM BEACH

4. FEI Number: 592660882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: DICKER, KAIOK & 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

DO NOT WRITE IN THIS SPACE

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. Steven N. Sencer PRES. 11-24-03 (561) 6864893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)