

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90354 037 ****61.25

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1. Entity Name
LONE PINE-PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
220 NE 3RD STREET
BOYNTON BEACH, FL 33445

Mailing Address
220 NE 3RD STREET
BOYNTON BEACH, FL 33445



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2772285

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAINTER, JAMES M ESQ.
JAMES M. PAINTER, P.A.
1300 NORTH FEDERAL HWY. SUITE 100
BOCA RATON, FL 33432-2848

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE PD ☐ Delete
NAME BROLLEY, KEVIN G
STREET ADDRESS 955 N.W. 17TH AVENUE, UNIT E
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE TD ☐ Delete
NAME HOFFMAN, RONALD R
STREET ADDRESS 955 N.W. 17TH AVENUE, UNIT E
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE SD ☐ Delete
NAME GOCKMAN, CARL R
STREET ADDRESS 955 N.W. 17TH AVENUE, UNIT E
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 exemptions contained 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 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:

[Signature] 4/15/2008