

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # N99000003028

1. Entity Name

LONE PINE ROAD PROPERTY OWNERS' ASSOCIATION, INC

FILED
May 10, 2000 8:00 am
Secretary of State

04-03-2000 90206 043 ****61.25

Principal Place of Business

Mailing Address

1211 THE PLAZA
 SINGER ISLAND FL 33404-4740

1211 THE PLAZA
 SINGER ISLAND FL 33404

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

65-0920866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, JAMES M
 1211 THE PLAZA
 SINGER ISLAND FL 33404-4740

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TERZIS, NICK	
STREET ADDRESS	2654 LONE PINE RD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAPINSKY, BILL	
STREET ADDRESS	2634 LONE PINE RD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	WESTIN, MARK	
STREET ADDRESS	2520 LONE PINE RD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES & DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VILE - PRES & DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREAS & DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JAMES M. STEWART	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2712 LONE PINE ROAD	
STREET ADDRESS	PALM BEACH GARDENS, FL	
CITY-ST-ZIP	SEC. & DIR. 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DIRECTOR/SEC 2/25/00 561-842-2477
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)