

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04373

1. Corporation Name
The Village at Lake Pine II Home Assn
Associates, Inc.

Principal Place of Business Mailing Address
Custom Property Management same
10061 Sunset Strip
Sunrise, FL 33322

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report 1994 |
| 4. FEI Number 59-2451936 | Applied for Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. The corporation has liability for intangible tax under S. 198.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21. Custom Property Manage | 2a. Mailing Address 26. 10061 Sunset Strip |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22. City & State Sunrise FL | 27. City & State Sunrise FL |
| 23. Zip 33322 | 28. Zip 33322 |
| 24. County Broward | 29. County Broward |

9. Name and Address of Current Registered Agent

Custom Property Management
10061 Sunset Strip
Sunrise, FL 33322

10. Name and Address of New Registered Agent

| | |
|--|----|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. State | FL |
| 85. Zip Code | |

11. Pursuant to the provisions of Sections 607.04(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Gabe Hernandez* DATE: _____
Signature of Registered Agent (to be printed) (Print Name and Title of Agent) Print Name and Title of Agent

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|--|--|
| TITLE | 11. TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 12. NAME | Bob Loving | |
| STREET ADDRESS | 13. STREET ADDRESS | 11882 SW 12 P1 | D |
| CITY, ST, ZIP | 14. CITY, ST, ZIP | Davie FL | |
| TITLE | 21. TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 22. NAME | Nick Palermo | |
| STREET ADDRESS | 23. STREET ADDRESS | 11936 SW 12 CT | D |
| CITY, ST, ZIP | 24. CITY, ST, ZIP | Davie, FL | |
| TITLE | 31. TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 32. NAME | Bobbie Fulweber | |
| STREET ADDRESS | 33. STREET ADDRESS | 11877 SW 11 CT | D |
| CITY, ST, ZIP | 34. CITY, ST, ZIP | Davie, FL | |
| TITLE | 41. TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 42. NAME | Linda Sturaberg | |
| STREET ADDRESS | 43. STREET ADDRESS | 1165 SW 118 Terr | D |
| CITY, ST, ZIP | 44. CITY, ST, ZIP | Davie, FL | |
| TITLE | 51. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 52. NAME | | |
| STREET ADDRESS | 53. STREET ADDRESS | | |
| CITY, ST, ZIP | 54. CITY, ST, ZIP | | |
| TITLE | 61. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 62. NAME | | |
| STREET ADDRESS | 63. STREET ADDRESS | | |
| CITY, ST, ZIP | 64. CITY, ST, ZIP | | |

14. I, the undersigned, certify that the information supplied in this report is true and correct and that I am qualified to be a registered agent for the corporation in the State of Florida. I have read the provisions of Sections 607.04(2) and 607.1508, Florida Statutes, and I have signed this report in accordance with the provisions of Section 607.0505, Florida Statutes, and I have filed this report with the Secretary of State.

SIGNATURE: *[Signature]*
Signature and Printed Name of Secretary of State or Director