

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767499

**FILED  
Apr 30, 2020  
Secretary of State  
7017124668CC**

**Entity Name:** THE VILLAGE AT LAKE PINE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

THE VILLAGE AT LAKE PINE  
750 SW 119TH WAY  
DAVIE, FL 33325

**Current Mailing Address:**

C/O NEXT GENERATION MANAGEMENT SERVICES, LLC  
8560 W. STATE RD 84  
DAVIE, FL 33325 US

**FEI Number: 59-2294734**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

OTTO, CHARLES F. ESQ.  
2699 STIRLING ROAD  
C-207  
FORT LAUDERDALE, FL 33312 US

*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:** CHARLES F. OTTO, ESQ.

04/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEVINE, MARK  
Address        750 SW 119TH WAY  
City-State-Zip: DAVIE FL 33325

Title            VP  
Name            DRESSEL, CHARLES  
Address        750 SW 119TH WAY  
City-State-Zip: DAVIE FL 33325

Title            DIRECTOR  
Name            WEINSTEIN, LAURA  
Address        750 SW 119TH WAY  
City-State-Zip: DAVIE FL 33325

Title            SECRETARY  
Name            POMPER, DAVID  
Address        750 SW 119TH WAY  
City-State-Zip: DAVIE FL 33325

Title            DIRECTOR  
Name            FARRELL, EDWARD  
Address        750 SW 119 WAY  
City-State-Zip: DAVIE FL 33325

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK LEVINE

PRESEIDENT

04/30/2020

Electronic Signature of Signing Officer/Director Detail

Date