

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 10: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 708148 (2)

1. Corporation Name

PEMBROKE HOUSE WEST CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7401 PINES BLVD 7401 PINES BLVD
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified 11/23/1964 3a. Date of Last Report 05/01/1994

4. FEI Number 59-1143086 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 100.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GASBARRO, THOMAS
7401 PINES BLVD #109
PEMBROKE PINES FL 33024
PHIL GUASTELLA #209

10. Name and Address of New Registered Agent

81 Name *Philip B Guastella*
82 Street Address (P.O. Box Number is Not Acceptable) *7401 PINES BLVD #209*
83 *PEMBROKE PINES FL 33024*
84 City *FL* 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0506, Florida Statutes.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE *8/1/95*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *D*
NAME **SATTLER, JOSEPHINE**
STREET ADDRESS **7401 PINES BLVD.**
CITY - ST - ZIP **PEMBROKE PINES FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE *RD*
NAME **GINSBURG, MITCH** *EDNA SHUKER*
STREET ADDRESS **7401 PINES BLVD. #117**
CITY - ST - ZIP **PEMBROKE PINES FL** *APT. 211*

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE *WTD*
NAME **SALPANTE, ELEANOR** *JEANNE WERDA BAUGH*
STREET ADDRESS **7401 PINS BLVD** *#109 (deceased)*
CITY - ST - ZIP **PEMBROKE PINES FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE *STD*
NAME **ROGERS, JANICE**
STREET ADDRESS **7401 PINES BLVD.**
CITY - ST - ZIP **PEMBROKE PINES FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Expiration (Month & Year)

CF2E037 (3/95)