

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 708148 (2)
1. Corporation Name
PEMBROKE HOUSE WEST CONDOMINIUM, INC.



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

3. Date Incorporated or Qualified **11/23/1964** 3a. Date of Last Report **08/07/1995**

2. Principal Place of Business 2a. Mailing Address
21 **9000 W. Sheridan Street** 26 **9000 W. Sheridan St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 146** 27 **Suite 146**
City & State City & State
23 **Pembroke Pines, FL** 28 **Pembroke Pines, FL**
Zip Country Zip Country
24 **33024** 25 **USA** 29 **33024** 30 **USA**

4. FEI Number **59-1143086** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**GUASTELLA, PHILIP B
7401 PINES BLVD
STE 209
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name **Condo Accounting Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **9000 W. Sheridan Street**
83 **Suite 146**
84 City **Pembroke Pines** FL 85 Zip Code **33024**

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 617.0503, Florida Statutes.

SIGNATURE **Richard Greenhill** *[Signature]* **1/25/96**
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D [DELETE]
NAME	SATTLER, JOSEPHINE
STREET ADDRESS	7401 PINES BLVD.
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D [DELETE]
NAME	SHUKER, EDNA
STREET ADDRESS	7401 PINES BLVD APT 211
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D [DELETE]
NAME	BAUGH, JEANNE VERDA
STREET ADDRESS	7401 PINES BLVD APT 107
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D [DELETE]
NAME	ROGERS, JANICE
STREET ADDRESS	7401 PINES BLVD.
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	[DELETE]
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	[DELETE]
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S/D EDNA SHUKER #211
2.3 STREET ADDRESS	7401 PINES BLVD
2.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33024
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/D JANIS ROGERS #112
4.3 STREET ADDRESS	7401 PINES BLVD.
4.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33024
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T/D VIRGINIA SAVEY #208
5.3 STREET ADDRESS	7401 PINES BLVD
5.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33024
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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]* **2/6/96** **437-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)