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Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 708148 (2)

1. Corporation Name

PEMBROKE HOUSE WEST CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

9000 W. SHERIDAN STREET  
SUITE 146  
PEMBROKE PINES FL 33024  
US

9000 W. SHERIDAN STREET  
SUITE 146  
PEMBROKE PINES FL 33024-8801  
US

3. Date Incorporated or Qualified  
11/23/1964

3a. Date of Last Report  
03/04/1996

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

25

29

30

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

10. Name and Address of New Registered Agent

CONDO ACCOUNTING INC  
9000 W. SHERIDAN STREET  
SUITE 146  
PEMBROKE PINE FL 33024

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: 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

1.1 TITLE Joe Lampton  
1.2 NAME 7401 Pines Blvd #210  
1.3 STREET ADDRESS Pembroke Pines, FL 33024  
1.4 CITY-ST-ZIP

TITLE SD DELETE  
NAME SHUKER, EDNA  
STREET ADDRESS 7401 PINES BLVD APT 211  
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE Claire Freeman  
2.2 NAME 7401 Pines Blvd #117  
2.3 STREET ADDRESS Pembroke Pines, FL 33024  
2.4 CITY-ST-ZIP

TITLE TD DELETE  
NAME SAVEY, VIRGINIA  
STREET ADDRESS 7401 PINES BLVD #208  
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE D Gerardo Gutierrez  
3.2 NAME 7401 Pines Blvd #205  
3.3 STREET ADDRESS Pembroke Pines, FL 33024  
3.4 CITY-ST-ZIP

TITLE PD DELETE  
NAME ROGERS, JANIS  
STREET ADDRESS 7401 PINES BLVD #112  
CITY-ST-ZIP PEMBROKE PINES FL

4.1 TITLE D Marion Batchelder  
4.2 NAME 7401 Pines Blvd #111  
4.3 STREET ADDRESS Pembroke Pines, FL 33024  
4.4 CITY-ST-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE PD Christopher Pyle  
5.2 NAME 7401 Pines Blvd #110  
5.3 STREET ADDRESS Pembroke Pines, FL 33024  
5.4 CITY-ST-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do 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 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: Christopher J. Pyle

01/30/97

(954)437-9200

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023822

CR2E037 (9/96)