

**FILE NOW: FILING FEE IS \$61.25**

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**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified: 11/23/1964  
4. FEI Number: 59-1143086  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: CONDO ACCOUNTING INC, 9000 W. SHERIDAN STREET, SUITE 146, PEMBROKE PINE FL 33024

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: *Mary H. Goist* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director
NAME	LAMPTON, JOE	1.2 NAME	Ken Nicholson
STREET ADDRESS	7401 PINES BLVD., #210	1.3 STREET ADDRESS	7401 Pines Blvd., #209
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL
TITLE	SD	2.1 TITLE	
NAME	FREEMAN, CLAIRE	2.2 NAME	
STREET ADDRESS	7401 PINES BLVD., #117	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	Vice President, Director
NAME	GUTIERREZ, GERARDO	3.2 NAME	
STREET ADDRESS	7401 PINES BLVD., #215	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Treasurer, Director
NAME	BATCHELDER, MARION	4.2 NAME	
STREET ADDRESS	7401 PINE BLVD., #111	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	President, Director
NAME	PLYE, CHRISTOPHER	5.2 NAME	Mary H. Goist
STREET ADDRESS	7401 PINES BLVD., #110	5.3 STREET ADDRESS	7401 Pines Blvd., #212A
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	Pembroke Pines, FL
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	LeeAnn Myron
STREET ADDRESS		6.3 STREET ADDRESS	7401 Pines Blvd., #107, Pem. Pines, FL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Mary H. Goist* 2-18-98

CR2E037 (10/97)