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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708148

1. Corporation Name

PEMBROKE HOUSE WEST CONDOMINIUM, INC.

Principal Place of Business

8000 W. SHERIDAN STREET

SUITE 148

PEMBROKE PINES FL 33024

US

Mailing Address

8000 W. SHERIDAN STREET

SUITE 148

PEMBROKE PINES FL 33024

US



2. Principal Place of Business

21 **PEMBROKE HOUSE WEST CON**

2a. Mailing Address

26 **SAME**

3. Date Incorporated or Qualified

11/23/1964

Suite, Apt. #, etc.

22 **7401 PINES BLVD**

Suite, Apt. #, etc.

27

4. FEI Number

59-1143086

Applied For

Not Applicable

City & State

23 **PEMBROKE PINES, FL**

City & State

28

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 **33024**

Country

25 **USA**

Zip

29

Country

30

8. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CONDO ACCOUNTING INC.

9000 W. SHERIDAN STREET

SUITE 148

PEMBROKE PINE FL 33024

Cancelled

10. Name and Address of New Registered Agent

81 Name **PATRICK BROWN**

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

7401 PINES BLVD # 214

83

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 **PATRICK BROWN**

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

(NOTE: Registered agent signature required when reinstating)

Patrick Brown

4/16/99

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE

NAME **KEN NICHOLSON**

STREET ADDRESS **7401 PINES BLVD #209**

CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **SD** DELETE

NAME **FREEMAN, CLAIRE**

STREET ADDRESS **7401 PINES BLVD., #117**

CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **VPO** DELETE

NAME **GUTIERREZ, GERARDO**

STREET ADDRESS **7401 PINES BLVD., #215**

CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **TD** DELETE

NAME **BATCHELDER, MARION**

STREET ADDRESS **7401 PINE BLVD., #111**

CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **PD** DELETE

NAME **MARY H GOIST**

STREET ADDRESS **7401 PINES BLVD #212A**

CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** DELETE

NAME **LEEANN MYRON**

STREET ADDRESS **7401 PINES BLVD #107**

CITY-ST-ZIP **PEMBROKE PINES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** Change Addition

1.2 NAME **PATRICK BROWN**

1.3 STREET ADDRESS **7401 PINES BLVD 214**

1.4 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

2.1 TITLE **Vice President** Change Addition

2.2 NAME **Alan Young**

2.3 STREET ADDRESS **7401 Pines Blvd. #112**

2.4 CITY-ST-ZIP **Pembroke Pines, FL 33024**

3.1 TITLE Change Addition

3.2 NAME **Edna L. Shuken**

3.3 STREET ADDRESS **7401 Pines Blvd No 211 P.Pines**

3.4 CITY-ST-ZIP **P.Pines**

4.1 TITLE **Vice President** Change Addition

4.2 NAME **Alfreda Ross**

4.3 STREET ADDRESS **7401 Pines Blvd #116**

4.4 CITY-ST-ZIP **P.Pines**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARION BATCHELDER** *Marion Batchelder* 1/2/99 - 961-2978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11198