


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90408 022 \*\*\*\*61.25

<b>DOCUMENT # 708148</b>							
1. Entity Name <b>PEMBROKE HOUSE WEST CONDOMINIUM, INC.</b>							
Principal Place of Business 7401 PINES BLVD PEMBROKE PINES FL 33024 US			Mailing Address 7401 PINES BLVD PEMBROKE PINES FL 33024 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>591160520</b> <del>APPLIED FOR</del>			
				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>ROSSIE, FRANK</b> <b>7401 PINES BLVD</b> <b>116</b> <b>PEMBROKE PINE FL 33024</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make Check Payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FRANK, ROSSI		NAME				
STREET ADDRESS	7401 PINES BLVD CONDO 116		STREET ADDRESS				
CITY-ST-ZIP	PEMBROOK PINES FL 33024		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FREEMAN, CLAIRE		NAME				
STREET ADDRESS	7401 PINES BLVD., #117		STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BATCHELDER, MARION		NAME				
STREET ADDRESS	7401 PINE BLVD., #111		STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HEVENER, TONY		NAME				
STREET ADDRESS	7401 PINES BLVD., #109		STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP				
TITLE	ZVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHUKER, EDNA		NAME				
STREET ADDRESS	7401 PINES BLVD #216		STREET ADDRESS				
CITY-ST-ZIP	PP FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <b>CLAIRE FREEMAN SD</b> <i>Claire Freeman</i>			Date: <b>04/01/2004</b>		Daytime Phone #: <b>954-967-6511</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

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MOORE CR2E037 (11/03)