

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90013 029 \*\*\*\*70.20



DOCUMENT # 708148		1. Entity Name	
PEMBROKE HOUSE WEST CONDOMINIUM, INC.			
Principal Place of Business		Mailing Address	
7401 PINES BLVD PEMBROKE PINES FL 33024 US		7401 PINES BLVD PEMBROKE PINES FL 33024 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUBINO, NICK 7401 PINES BLVD PEMBROKE PINE FL 33024		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		DATE 1/23/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



1st MOORE CR2E037 (10/06)

4. FEI Number	59-1160520	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: RUBINO, NICK STREET ADDRESS: 7401 PINES BLVD #217 CITY-ST-ZIP: PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: FREEMAN, CLAIRE STREET ADDRESS: 7401 PINES BLVD., #117 CITY-ST-ZIP: PEMBROKE PINES FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: GOIST, JOHN STREET ADDRESS: 7401 PINES BLVD #112 CITY-ST-ZIP: PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Grant Clyman STREET ADDRESS: 7401 Pines Blvd #115 CITY-ST-ZIP: Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: 2VP NAME: HEVENER, TONY STREET ADDRESS: 7401 PINES BLVD., #109 CITY-ST-ZIP: PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: HUGHES, VANESSA STREET ADDRESS: 7401 PINES BLVD CITY-ST-ZIP: PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: GOIT, MARY STREET ADDRESS: 7401 PINES BLVD #212-A CITY-ST-ZIP: PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Delete	TITLE: Board member NAME: Ericson Harrell STREET ADDRESS: 7401 Pines Blvd #116 CITY-ST-ZIP: Pembroke Pines FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: DATE: 1/23/07 DAYTIME PHONE #: 954962-4013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR