

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **727297 (4)**  
1. Corporation Name  
**PEMBROKE ARMS CONDOMINIUM APARTMENTS, INC.**



Principal Place of Business: **1845 PEMBROKE ROAD #11 HOLLYWOOD FL 33020 US**  
Mailing Address: **P.O. BOX 2508 HOLLYWOOD FL 33022 US**

3. Date Incorporated or Qualified: **08/22/1973**  
3a. Date of Last Report: **03/29/1995**  
4. FEI Number: **59-2314241**  
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

2. Principal Place of Business: **21 SAME**  
2a. Mailing Address: **26 SAME**  
22 Suite, Apt. #, etc.  
23 City & State  
24 Zip  
25 Country  
29 Zip  
30 Country

9. Name and Address of Current Registered Agent  
**CHARLETTE, TAMOCLIA  
1845 PEMBROKE ROAD  
UNIT #1  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent  
81 Name: **JAMES LAVIN**  
82 Street Address (P.O. Box Number is Not Acceptable): **1845 PEMBROKE RD APT # 25**  
83 City: **HOLLYWOOD**  
84 City: **FL**  
85 Zip Code: **33020**

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: *James V. Lavin* **JAMES V. LAVIN VP.** DATE: **2-20-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TAMOCLIA, CHARLETTE</b>	
STREET ADDRESS	<b>1845 PEMBROKE RD., #1</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TULLOCH, VIRGINIA</b>	
STREET ADDRESS	<b>1845 PEMBROKE RD. APT.11</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUTCHINSON, MARGARET</b>	
STREET ADDRESS	<b>205 S.E. 2ND TERRACE</b>	
CITY-ST-ZIP	<b>DANIA FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARINCICH, MILDRED</b>	
STREET ADDRESS	<b>1845 PEMBROKE ROAD, #32</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PACOS, MIKE</b>	
STREET ADDRESS	<b>1421 - 20TH AVENUE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARINCICH, MICHEAL</b>	
STREET ADDRESS	<b>1845 PEMBROKE ROAD, #27</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRES.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>VIRGINIA TULLOCH</b>	
1.3 STREET ADDRESS	<b>1845 PEMBROKE RD #11</b>	
1.4 CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
2.1 TITLE	<b>VICE PRES</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JAMES LAVIN</b>	
2.3 STREET ADDRESS	<b>1845 PEMBROKE RD #25</b>	
2.4 CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
3.1 TITLE	<b>MARGARET HUTCHINSON</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MARGARET HUTCHINSON</b>	
3.3 STREET ADDRESS	<b>205 SE 2ND TERRACE SECTY-1285</b>	
3.4 CITY-ST-ZIP	<b>DANIA FL 33004</b>	
4.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MIKE PACOS</b>	
4.3 STREET ADDRESS	<b>1421 - 20TH AVE</b>	
4.4 CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
5.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>WAYNE WINDHORST</b>	
5.3 STREET ADDRESS	<b>8430 NW 19th St.</b>	
5.4 CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
6.1 TITLE	<b>200001758542</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-03/26/96--01165--016</b>	
6.3 STREET ADDRESS	<b>***61.25</b>	
6.4 CITY-ST-ZIP	<b>SC-3-26-96</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Virginia Tulloch* **VIRGINIA TULLOCH PRES.** Date: **2-21-96** Daytime Phone #: **921-5730**

CR2E037 (12/95)