


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90068 001 \*\*\*\*61.25

<b>DOCUMENT # 727297</b>			
1. Entity Name PEMBROKE ARMS CONDOMINIUM APARTMENTS, INC.			
Principal Place of Business 1841-1853 PEMBROKE RD HOLLYWOOD, FL 33020 US		Mailing Address P.O. BOX 2508 HOLLYWOOD, FL 33022 US	
2. Principal Place of Business		3. Mailing Address <i>P.O. BOX 222508</i>	
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	
WINDHORST, WAYNE A 8430 NW 19 ST PEMBROKE PINES, FL 33024		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TULLOCH, MARJORIE 1845 PEMBROKE RD, #10 HOLLYWOOD, FL 33020 <i>DECEASED</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WAYNE A. WINDHORST 8430 NW 19 STREET PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PACOS, MIKE P.O. BOX 213 DUNKIRK, NY 14048	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY VIRGINIA TULLOCH 1845 PEMBROKE ROAD # 11 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINDHORST, WAYNE 8430 NW 19TH STREET PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULLOCH, VIRGINIA 1845 PEMBROKE RD HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARIUS RASCOVITA 1845 PEMBROKE ROAD # 8 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJOR, REINE 7311 CHAMPCHEVIER VILLA D ANJOU QUEBEC, CANADA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OLGA BENEVENTO 1001 THREE ISLAND BLVD, # 40 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: <i>Wayne A. Windhorst, President</i> 3/18/05 954-432-7681			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	Daytime Phone #