

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727297

FILED  
Mar 17, 2010  
Secretary of State

**Entity Name:** PEMBROKE ARMS CONDOMINIUM APARTMENTS, INC.

**Current Principal Place of Business:**

1841-1853 PEMBROKE RD  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 222508  
HOLLYWOOD, FL 33022 US

**New Mailing Address:**

**FEI Number:** 59-2314241      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEKIC, MICHEL  
1450 S.E. 3RD AVENUE  
SUITE # 403  
DANIA BEACH, FL 33004 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TULLOCK, VIRGINIA  
Address: 1845 PEMBROKE ROAD, UNIT # 1-11  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP  
Name: RACOVITA, MARIUS  
Address: 1845 PEMBROKE ROAD # 1-8  
City-St-Zip: HOLLYWOOD, FL 33020

Title: ST  
Name: MCADAMS, GERTRUDE L  
Address: 1406 N.W. 8TH STREET  
City-St-Zip: DANIA BEACH, FL 33004

Title: D  
Name: TULLOCH, JODI  
Address: 1845 PEMBROKE ROAD, UNIT # 2-9  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D  
Name: JOHNSON, TOMMY  
Address: 1845 PEMBROKE ROAD, UNIT # 3-19  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MCADAMS GERTRUDE L.

ST

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date