

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

55 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 735111 (7)  
1. Corporation Name  
**VILLAS OF PEMBROKE LAKES ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
10250 GREENHOUSE ROAD PEMBROKE PINES FL 33026 10250 GREENHOUSE ROAD PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1976 3a. Date of Last Report 03/29/1994

4. FEI Number 59-1669331 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 100.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BECKER & POLIAKOFF, PA  
EMERALD LAKE CORPORATE PARK  
3111 STIRLING RD.  
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name Becker & Poliakoff, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable) 6161 Blue Lagoon Drive, Suite #250  
83  
84 City Miami FL 85 Zip Code 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Becker & Poliakoff, P.A. by Nancy E. Baughman Esq.* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCAVUZZO, ANDREW
STREET ADDRESS	1641 PALMETTO LANE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VS
NAME	LYDZINSKI, ROBERT
STREET ADDRESS	1451 LAGUNA LANE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	V
NAME	REED, MARION
STREET ADDRESS	10381 FAIRWAY RD.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	T
NAME	MCCONNELL, ROBIN
STREET ADDRESS	1500 HAMMOCK LANE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	P
NAME	BIER, REBECCA
STREET ADDRESS	10388 FAIRWAY RD.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Bayardo Herrera	
13 STREET ADDRESS	10760 Greenhouse Rd.	
14 CITY-ST-ZIP	Pembroke Pines, Fla. 33066	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Vice President	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	President	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Secretary/Director	
53 STREET ADDRESS	FALLA MARTINEZ	
54 CITY-ST-ZIP	10760 Greenhouse Rd.	
54 CITY-ST-ZIP	Pembroke Pines, Fla. 33066	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 110.07(3)(A), 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: *Robin McConnell (TREASURER)* 3/19/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE