

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business  
**10250 GREENHOUSE ROAD  
6161 BLUE LAGOON DR. SUITE 250  
MIAMI FL 33126  
US**

Mailing Address  
**10250 GREENHOUSE ROAD  
PEMBROKE PINES FL 33026**

3. Date Incorporated or Qualified  
**03/03/1976**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-1669331**

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 **10250 Greenhouse Road**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Pembroke Pines, Florida**  
Zip  
24 **33026** Country  
25 **Broward**

2a. Mailing Address  
26 **10250 Greenhouse Road**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Pembroke Pines, Florida**  
Zip  
29 **33026** Country  
30 **Broward**

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  
**Robert C. Eber, Attorney At Law**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10761 S.W. 104th Street**  
83  
84 City  
**Miami, FL** 85 Zip Code  
**33176**

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 *Robert C. Eber* **Robert C. Eber** **2/15/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HERRERA, BAYARDO</b>			1.2 NAME	<b>Lydzinski, Robert</b>		
STREET ADDRESS	<b>10250 GREENHOUSE RD</b>			1.3 STREET ADDRESS	<b>1451 Laguna Lane</b>		
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>			1.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33026</b>		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>LYDZINSKI, ROBERT</b>			2.2 NAME	<b>Christopher Wronski</b>		
STREET ADDRESS	<b>1451 LAGUNA LANE</b>			2.3 STREET ADDRESS	<b>1630 Fairway Road</b>		
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>			2.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33026</b>		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>REED, MARION</b>			3.2 NAME	<b>William Delgado</b>		
STREET ADDRESS	<b>10381 FAIRWAY RD.</b>			3.3 STREET ADDRESS	<b>1450 Laguna Lane</b>		
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>			3.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33026</b>		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>MCCONNELL, ROBIN</b>			4.2 NAME	<b>Marilyn Merchel</b>		
STREET ADDRESS	<b>1500 HAMMOCK LANE</b>			4.3 STREET ADDRESS	<b>10386 Fairway Road</b>		
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>			4.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33026</b>		
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MARTINEZ, FELIX</b>			5.2 NAME			
STREET ADDRESS	<b>10250 GREENHOUSE RD</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 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: **Felix L. Martinez, Secretary** *Felix L. Martinez* **2/8/96** **(954)432-5709**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)