

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90070 043 \*\*\*\*61.25

**DOCUMENT # 735111**

1. Entity Name

**VILLAS OF PEMBROKE LAKES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10250 GREENHOUSE ROAD  
 PEMBROKE PINES FL 33026  
 US

10250 GREENHOUSE ROAD  
 PEMBROKE PINES FL 33026  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1669331**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**EBER, ROBERT C**  
 10761 SW 104TH STREET  
 MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: **HUMAN, BKAPLAN, Gasparza et al.**  
 Street Address (P.O. Box Number is Not Acceptable): **150 W FLAGLER ST.**  
 Suite **2701**  
 City: **MIAMI** FL Zip Code: **33026**

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.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/8/01**

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LYDZINSKI, ROBERT	
STREET ADDRESS	1451 LAGUNA LANE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	NETTER, CHERI	
STREET ADDRESS	10340 FAIRWAY ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33026	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, GEORGE	
STREET ADDRESS	1574 FAIRWAY ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WERT, MIKE	
STREET ADDRESS	1401 TRELIS LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'CONNOR, THOMAS J	
STREET ADDRESS	10350 FAIRWAY ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, STAN	
STREET ADDRESS	1700 N.W. 106 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASIELLO PETE	
STREET ADDRESS	1520 HAMMOCK LN	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE REQUIRED**

**MIKE WERT 8-3-2001**

CFR2E037 (5/01)