
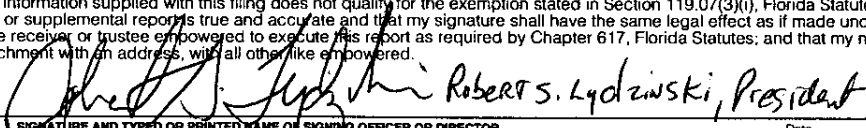


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90010 011 ****61.25

| | | | | | |
|---|---------------------------|--|---|---|----------|
| DOCUMENT # 735111 | | | |  | |
| 1. Entity Name VILLAS OF PEMBROKE LAKES ASSOCIATION, INC. | | | | | |
| Principal Place of Business 10250 GREENHOUSE ROAD PEMBROKE PINES, FL 33026 US | | | Mailing Address 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 NOT APPLICABLE | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HYMAN & KAPLAN, GANGUZZA ET AL 150 W FLAGLER ST SUITE 2701 MIAMI, FL 33026 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LYDZINSKI, ROBERT | | NAME | | |
| STREET ADDRESS | 1451 LAGUNA LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | REED, STAN | | NAME | | |
| STREET ADDRESS | 1700 NW 106 AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WERT, MIKE | | NAME | | |
| STREET ADDRESS | 1401 TRELIS LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINESS, FL 33026 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MASIELLO, PETE | | NAME | | |
| STREET ADDRESS | 1520 HAMMOCK LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | QUIROS, LAZARO | | NAME | | |
| STREET ADDRESS | 1558 FAIRWAY RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TAIRSS, JAMES | | NAME | | |
| STREET ADDRESS | 1651 PALMETTO RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 | | 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 reports 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:  | | ROBERT S. LYDZINSKI, President | | 1/28/04 954-946-0631 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |