
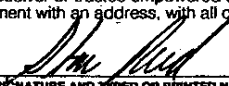


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State


02-28-2005 90228 017 ****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		4. FEI Number NOT APPLICABLE	
Applied For		Applied For			
Not Applicable		Not Applicable			
Zip	Country	Zip	Country	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 _____ (NOTE: Registered Agent signature required when reinstating.)					
Filing Fee is \$61.25 Due by May 1, 2005		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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, STAN		NAME	Reed, Stan	
STREET ADDRESS	1700 NW 106 AVENUE		STREET ADDRESS	1700 NW 106 AV	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASIELLO, PETE		NAME	Masiello, Pete	
STREET ADDRESS	1520 HAMMOCK LANE		STREET ADDRESS	9000 NW 4 St.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUIROS, LAZARO		NAME	Quiros, Lazaro	
STREET ADDRESS	1558 FAIRWAY RD.		STREET ADDRESS	1558 Fairway rd.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAIRSS, JAMES		NAME	TAVSS, James	
STREET ADDRESS	1651 PALMETTO RD.		STREET ADDRESS	1651 Palmetto Ln	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
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: 		Stan Reed / President		2/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 954-253-5488	

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

50020284

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LYDZINSKI, ROBERT 1451 LAGUNA LANE PEMBROKE PINES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Molifetto, Franco 1550 FAIRWAY RD PEMBROKE PINES, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REED, STAN 1700 NW 106 AVENUE PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Engel, Pam 1421 TRELIS LN PEMBROKE PINES, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WERT, MIKE 1401 TRELIS LANE PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASIELLO, PETE 1520 HAMMOCK LANE PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIROS, LAZARO 1558 FAIRWAY RD. PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAIRSS, JAMES 1651 PALMETTO RD. PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Stan Reed</u>		Date: <u>2/12/05</u> Daytime Phone #: <u>954-253-5497</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			