

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735111

FILED
Apr 29, 2009
Secretary of State

Entity Name: VILLAS OF PEMBROKE LAKES ASSOCIATION, INC.

Current Principal Place of Business:

10250 GREENHOUSE ROAD
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

10250 GREENHOUSE ROAD
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 59-1669331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANGUZZA, JOSEPH H
1 S.E. 3RD AVENUE
SUITE 2150
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOLFETTO, FRANCO
Address: 1550 FAIRWAY ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: MASIELLO, PETE
Address: 1520 HAMMOCK LANE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S () Delete
Name: ENGEL, PAM
Address: 1421 TRELIS LANE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T () Delete
Name: QUIROS, LAZARO
Address: 1558 FAIRWAY ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: ACOSTA, ALBERT
Address: 1567 FAIRWAY ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: ORPI, WILLIAM
Address: 1559 FAIRWAY ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCO MOLFETTO

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date