

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90061 018 ****61.25



DOCUMENT # 735111

1. Entity Name
VILLAS OF PEMBROKE LAKES ASSOCIATION, INC.

Principal Place of Business Mailing Address
10250 GREENHOUSE ROAD 10250 GREENHOUSE ROAD
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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
NAME	LYDZINSKI, ROBERT	
STREET ADDRESS	1451 LAGUNA LANE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REED, STAN	
STREET ADDRESS	1700 NW 106 AVENUE	
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 PINESS FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASIELLO, PETE	
STREET ADDRESS	1520 HAMMOCK LANE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOCAN, F H	
STREET ADDRESS	617 FAIRWAY RD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	James TAVSS	
STREET ADDRESS	1651 Palmetto Ln	
CITY-ST-ZIP	Pembroke Pines, FL 33026	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quiros, LAZARO	
STREET ADDRESS	1558 FAIRWAY RD	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seda, SIRA	
STREET ADDRESS	1501 FAIRWAY RD	
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		

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 REGISTERED**

CR2E037 (10/02)