FILE NOW: FILING FEE IS $61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name: PEMBROKE MOBILE HOMEOWNERS ASSOCIATION INC. ~~OF PEMBROKE PARK~~.

Principal Place of Business | Mailing Address: 106 W. LAKE DR.

3. Date Incorporated or Qualified: 1984 | 3a. Date of Last Report: 1996

2. Principal Place of Business — 21
2a. Mailing Address — 26: 106 W. LAKE Dr
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: HALLANDALE, FL
Zip — 24 | Country — 25
Zip — 29: 33009. | Country — 30: USA.

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: MARCELLE VOYER
82 Street Address (P.O. Box Number is Not Acceptable): 106 W. LAKE DR.
83
84 City: HALLANDALE FL | 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Marcelle Voyer — DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRS. ADRIEN DROUIN 64 W. LAKE DR. HALLANDALE FL 33009 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT DENIS SÉGUIN 30 W. LAKE DR. HALLANDALE FL 33009. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT PAUL MORIN 49 W. LAKE DR. HALLANDALE FL. 33009 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE. PRESIDENT RAOUL LÉVESQUE 45 W. LAKE DR. HALLANDALE FL. 33009 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER. MAURICE ROBILLARD 79 W. LAKE DR HALLANDALE FL 33009. ☒ DELETE	3.1 TITLE T/D / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER. GASTON LANGLOIS 55 W. LAKE DR. HALLANDALE FL 33009 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY THERESE COURCHESNE 41C W. LAKE DR. HALLANDALE FL 33009. ☒ DELETE	4.1 TITLE S/D / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SECRETARY. MARCELLE VOYER. 106 W. LAKE DR. HALLANDALE FL 33009 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GASTON LANGLOIS 55 W. LAKE DR. HALLANDALE FL 33009 ☐ DELETE	5.1 TITLE D / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR ADRIEN DROUIN 64 W. LAKE DR. HALLANDALE FL. 33009. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	600002144 MTR50 -04/16/97--01005-026 ***61.25 ☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Denis Séguin — MARCH 10/97 (954) 954-9926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DENIS SEGUIN