

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90070 029 ****70.00

DOCUMENT # K06551

1. Entity Name

PEMBROKE MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

163 WEST LAKE DRIVE
HALLANDALE FL 33009
US

Mailing Address

163 WEST LAKE DRIVE
HALLANDALE FL 33009
US

40014280



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINTA, CAMIL
163 WEST LAKE DRIVE
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **BELANGER EDOUARD**

Street Address (P.O. Box Number is Not Acceptable)
74 WEST LAKE DRIVE

PEMBROKE PARK

City

FL

Zip Code

33009

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

Signature, typed or printed name of registered agent and title if applicable

EDOUARD BELANGER

(NOTE: Registered Agent signature required when reinstating)

DATE

01/29/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE **VP**
NAME **BELANGER, EDOUARD** ☐ Delete
STREET ADDRESS **74 W. LAKE DR.**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D**
NAME **GIARD, GUY** ☐ Delete
STREET ADDRESS **111 W LAKE DR.**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **P** ☒ Delete
NAME **QUINTA, CAMIL**
STREET ADDRESS **163 WEST LAKE DRIVE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ Delete
NAME **TERZINI, MARK**
STREET ADDRESS **162 WEST LAKE DRIVE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **BELANGER EDOUARD**
STREET ADDRESS **74 W. Lake Dr**
CITY-ST-ZIP **PEMBROKE PARK FL 33009**

TITLE **VP** ☐ Change ☒ Addition
NAME **LAMOREUX PIERRE**
STREET ADDRESS **43 West Lake Dr**
CITY-ST-ZIP **PEMBROKE PARK FL 33009**

TITLE **SEC. TR.** ☐ Change ☒ Addition
NAME **PINEL HUGUETTE**
STREET ADDRESS **30 West Lake Dr**
CITY-ST-ZIP **PEMBROKE PARK FL 33009**

TITLE **D** ☐ Change ☒ Addition
NAME **DESJARDINS GUY**
STREET ADDRESS **194 West Lake Dr**
CITY-ST-ZIP **PEMBROKE PARK FL 33009**

TITLE **D** ☐ Change ☒ Addition
NAME **LAROSE JEAN GUY**
STREET ADDRESS **410 West Lake Dr**
CITY-ST-ZIP **PEMBROKE PARK FL 33009**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edouard Belanger

01/28/05

961-3119

Date

Daytime Phone #