

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sergio B. Marquis  
Secretary of State  
DIVISION OF CORPORATIONS

**AND  
FILED**

1995 MAY -1 AM 11:03

**DOCUMENT # N26655 (3)**  
1. Corporation Name  
**SOUTHBRIDGE WEST AT PEMBROKE PONTE HOMEOWNERS ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
377 NW 106TH TERRACE  
PEMBROKE PINES FL 33026  
US  
C/O DCI  
2901 SIMMS ST  
HOLLYWOOD FL 33020-1510  
US  
**33020-1510**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/27/1988</b>	3a. Date of Last Report <b>04/01/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>96 DCI</b> Suite, Apt. #, etc. 22 <b>2901 Simms St.</b> City & State 23 <b>HOLLYWOOD, FLORIDA</b> Zip 24 <b>33020-1510</b>	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 <b>US</b>
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9. Name and Address of Current Registered Agent  
**MEYROWITZ, ANDREW  
C/O DCI  
2901 SIMMS STREET  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VPD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>MATSON, LOUIS</b>	1.2 NAME	<b>800001490808</b>
STREET ADDRESS	<b>10771 NW 11TH STREET</b>	1.3 STREET ADDRESS	<b>-05/17/95--01054--005</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY - ST - ZIP	<b>***130.00 ***130.00</b>
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>PRUDE, DWIGHT</b>	2.2 NAME	
STREET ADDRESS	<b>10721 NW 10 ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>SACCOCIO, PAMELA</b>	3.2 NAME	
STREET ADDRESS	<b>10745 NW 11TH STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>LISS, IRA</b>	4.2 NAME	
STREET ADDRESS	<b>10739 NW 11 ST</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>HERNANDEZ, SHARON</b>	5.2 NAME	
STREET ADDRESS	<b>10730 NW 10 ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in 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, unchanged or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-27-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR