


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



| | |
|---|---|
| Principal Place of Business C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020-1510 US | Mailing Address C/O DCI 2901 SIMMS ST. HOLLYWOOD FL 33020-1510 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/27/1988 | 3a. Date of Last Report 03/04/1996 |
|--|--|

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|--|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 |
| 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | LISS, IRA | |
| STREET ADDRESS | 10739 NW 11 STREET | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33026 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PRUDE, DWIGHT | |
| STREET ADDRESS | 10721 NW 10 ST | |
| CITY - ST - ZIP | PEMBROKE PINES FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SACCOCIO, PAMELA | |
| STREET ADDRESS | 10745 NW 11TH STREET | |
| CITY - ST - ZIP | PEMBROKE PINES FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | LISS, IRA | |
| STREET ADDRESS | 10739 NW 11 ST | |
| CITY - ST - ZIP | PEMBROKE PINES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | YOUNG, CINDY | |
| STREET ADDRESS | 10748 NW 10 STREET | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33026 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MORGAN, SHAWN | |
| STREET ADDRESS | 10762 NW 11 STREET | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33026 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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.

CR2E037 (9/96)

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