


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N26655 (3)</b>					
1. Corporation Name <b>SOUTHBIDGE WEST AT PEMBROKE POINTE HOMEOWNERS ASSOCIATION, INC.</b>					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/27/1988</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MEYROWITZ, ANDREW C/O DCI 2901 SIMMS STREET HOLLYWOOD FL 33020</b>			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		
			<b>FL</b>		
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 checked="" 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 checked="" type="checkbox"/> DELETE			
NAME	SACCOCIO, PAMELA				
STREET ADDRESS	10745 NW 11TH STREET				
CITY-ST-ZIP	PEMBROKE PINES FL				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	LISS, IRA				
STREET ADDRESS	10739 NW 11 ST				
CITY-ST-ZIP	PEMBROKE PINES FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	YOUNG, CINDY				
STREET ADDRESS	10748 NW 10 STREET				
CITY-ST-ZIP	PEMBROKE PINES FL 33026				
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		VPD			
1.3 STREET ADDRESS		TINA WATERS			
1.4 CITY-ST-ZIP		10735 NE 10 STREET			
2.1 TITLE		PEMBROKE PINES, FL. 33026			
2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME		SD			
3.3 STREET ADDRESS		NIDIA GANTUS			
3.4 CITY-ST-ZIP		10775 NW 11 Street			
4.1 TITLE		PEMBROKE PINES, FL. 33026			
4.2 NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.3 STREET ADDRESS		TD			
4.4 CITY-ST-ZIP		CARON WRIGHT			
5.1 TITLE		1101 NW 107 AVE.			
5.2 NAME		PEMBROKE PINES, FL. 33026			
5.3 STREET ADDRESS		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.4 CITY-ST-ZIP		D			
6.1 TITLE		DIANA JASENOVEC			
6.2 NAME		10734 NW 10 STREET			
6.3 STREET ADDRESS		PEMBROKE PINES, FL. 33026			
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

SIGNATURE:

*[Signature]* REQUIRED

1/22/98

CR2E037 (10/97)