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NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(3)

SOUTHBRIDGE WEST AT PEMBROKE POINTE HOMEOWNERS A

FILED Jan 30 1998 8:00am Secretary of State

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SSOCIATION, INC.									
Principal Place of Business		Mailing Address				BEERN BILL BERNE BE	ARI BIBLI BIBLI BI	111 E1211 1111	
C/O DCI		C/O DCI		3. Date Inc	corporated or Qualif	ied			
2901 SIMMS ST HOLLYWOOD F		2901 SIMMS ST. HOLLYWOOD FL 33020-151	2901 SIMMS ST.			/27/1988			
US	2 00020 1010	US			4. FEI Nun		_	1 1	oplied For
2 Principal C	Man of Business	On Mailing Addison			NC NC	<u> T APPLICABLE</u>			ot Applicable
21	Place of Business	26. Walling Address	2a. Mailing Address		5. Certifica	ate of Status Desired			Additional equired
Suite, Apt. #, etc		Suite, Apt. #, etc.		6. Election	Campaign Financin		\$5.00		
22		27			Trust Fund Contribution				
City & State		City & State		7. Is this nonprofit corporation a homeowners association?					
Zip	Country	Zip Country		Yes No					
24	25	29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.					
[AT]	9. Name and Address of Current		1001	10. Name and Address of New Registered Agent					
			81	Name					
MEYROV	VITZ, ANDREW	F	82	Street	et Address (P.O. Box Number is Not Acceptable)				
C/O DCI					ss (1.0. box Number is Not Acceptable)				
	MMS STREET		83						
HOLLYWOOD FL 33020			84	City			FI	85 Zip (Code
11. Pursuant	to the provisions of Sections 617 0502	2 and 617 1508. Florida Statut	es the abov	e-named	orporation submit	s this statement for t		f changing it	's registered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a	authorized b	y the cor	oration's board of	directors. I hereby a	ccept the app	ointment as	registered
SIGNATURE	and accept the conga	110115 01, 06011011 017.0000, 110	nua statute	· .					
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registered Ag	ent signature	equired when reinstating)		DATE		
12.	OFFICERS AND		13.		ADDITIO	NS/CHANGES TO O	FFICERS AND		
TITLE	VPD	DELETE	1.1 TITLE		VPD			Change	Addition
NAME	LISS, IRA	1,2 NAME		TINA WATERS					
STREET ADDRESS 10739 NW 11 STREET			1.3 STREET ADDRESS		10735 NE 10 STREET				
CITY-ST-ZIP	PEMBROKE PINES FL 33026		1.4 CITY - ST-ZIP		PEMBROKE	PINES, FL.	33026		
TITLE	PD	☐ DELETE	2.1 TITLE			-		Change	Addition
NAME	PRUDE, DWIGHT		2.2 NAME						
STREET ADDRESS	10721 NW 10 ST		2.3 STREET ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL	Vociere		2, 4 CITY-ST-ZIP				Change	
TITLE	SD			3.1 TITLE S				- Unange	Addition
	IAME SACCOCIO, PAMELA					TUS			
STREET ADDRESS 10745 NW 11TH STREET					ll Street				
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP P		Pines, FL.	33026	Change	Addition
TITLE	TD	DELETE	4.1 TITLE		ID			Unange	
NAME	LISS, IRA		4. 2 NAME		CARON WRIG				
STREET ADDRESS			4.3 STREE		1101 NW 10				
CITY-ST-ZIP	PEMBROKE PINES FL D SEPERATE		4.4 CITY-5	ST-ZIP	PEMBROKE 3	PINFS, FL.	33026	Change	l Addition
TITLE	D VOLING CIMPY	Trocceie	5.1 TITLE		D			Tel Cuanão	
NAME YOUNG, CINDY		5.2 NAME		DIANA JASI	ENOVEC				
STREET ADDRESS 10748 NW 10 STREET		5.3 STREET		LO734 NW 10 STREET					
CITY-ST-ZIP	PEMBRÖKE PINES FL 33026	[≱]. DELETE	5.4 CITY-5	II-ZIP	PEMBROKE I	PINES, FL.	33026	Change	Addition
TITLE				0.1 11122				T CHAIRE	AUUIIIUII
NAME MORGAN, SHAWN		6.2 NAME	6.2 NAME 6.3 STREET ADDRESS						
STREET ADDRESS 10762 NW 11 STREET								ſ	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		6.4 CITY-5	T-ZIP	'- O 440 07	VOVO Florido Otobre		- 12# - 11 - 1 17 -	

Increby 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, of on an attachment with an address.

SIGNATURE: