

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90001 016 \*\*\*\*61.25

0021956

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N26655

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/27/1988

4. FEI Number

NOT APPLICABLE

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD  DELETE  
 NAME WATERS, TINA  
 STREET ADDRESS 10735 NE 10TH ST  
 CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE PD  DELETE  
 NAME PRUDE, DWIGHT  
 STREET ADDRESS 10721 NW 10 ST  
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE SD  DELETE  
 NAME GANTUS, NIDIA  
 STREET ADDRESS 10775 NW 11TH ST  
 CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE TD  DELETE  
 NAME WRIGHT, CARON  
 STREET ADDRESS 1101 NW 107TH AVE  
 CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D  DELETE  
 NAME JASNOVEC, DIANA  
 STREET ADDRESS 10734 NW 10TH ST  
 CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  Change  Addition  
 1.2 NAME Prude, Dwight  
 1.3 STREET ADDRESS 10721 NW 10 Street  
 1.4 CITY-ST-ZIP Pembroke Pines, FL 33026

2.1 TITLE Vice President  Change  Addition  
 2.2 NAME Waters, Tina  
 2.3 STREET ADDRESS 10735 NW 10 Street  
 2.4 CITY-ST-ZIP Pembroke Pines, FL 33026

3.1 TITLE Secretary  Change  Addition  
 3.2 NAME Retkowski, John  
 3.3 STREET ADDRESS 1041 NW 107 Ave.  
 3.4 CITY-ST-ZIP Pembroke Pines, FL 33026

4.1 TITLE Treasurer  Change  Addition  
 4.2 NAME Wright, Caron  
 4.3 STREET ADDRESS 1101 NW 107 Ave.  
 4.4 CITY-ST-ZIP Pembroke Pines, FL 33026

5.1 TITLE Director  Change  Addition  
 5.2 NAME Dowel, Tina  
 5.3 STREET ADDRESS 10737 NW 11 Street  
 5.4 CITY-ST-ZIP Pembroke Pines, FL 33026

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99  
 Date

Daytime Phone #

CR2E037 (11/98)