

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90419 020 ****61.25

DOCUMENT # N26655

1. Entity Name
**SOUTHBRIDGE WEST AT PEMBROKE POINTE
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business
**1189 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US**

Mailing Address
**1189 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US**

30013170



03312006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
21st Century Management Svc, Inc. 12505 Orange Dr.

3. Mailing Address

Suite, Apt. #, etc.
Suite # 906

Suite, Apt. #, etc.

City & State
Davie, FL

City & State

4. FEI Number
65-0159034

Applied For
Not Applicable

Zip
33330

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EISINGER, DENNIS
4000 HOLLYWOOD BLVD SUITE 2655
HOLLYWOOD, FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DIXON, CLAUDIA
1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DOWELL, FRANCO
1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/D
12505 Orange Drive #906
Davie FL 33330** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WRIGHT, CARON
1145 SAWGRASS CROPORATE PKWY
SUNRISE, FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**12505 Orange Drive #906
Davie FL 33330** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SACOACIO, PAM
1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SACCOCIO, PAM
12505 Orange Drive #906
Davie FL 33330** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WRIGHT, CARON
1001 NW 107 AVE.
PEMBROKE PINES, FL 33026** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pamela Saccocio

4/17/06

305-944-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #