


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90078 019 \*\*\*\*61.25

<b>DOCUMENT # N26655</b> 1. Entity Name SOUTHBRIDGE WEST AT PEMBROKE POINTE HOMEOWNERS ASSOCIATION, INC.	
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40046458



Principal Place of Business C/O CENTURY MANAGEMENT SVCS, INC. 12505 ORANGE DR SUITE 906 DAVIE, FL 33330 US	Mailing Address C/O CENTURY MANAGEMENT SVCS, INC. 12505 ORANGE DR SUITE 906 DAVIE, FL 33330 US
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2. Principal Place of Business - No P.O. Box # 12233 SW 55th St. Suite, Apt. #, etc. Suite 811 City & State Copper City, FL Zip 33330 Country USA	3. Mailing Address 12233 SW 55th St. Suite, Apt. #, etc. Suite 811 City & State Copper City, FL Zip 33330 Country USA
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02222007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0159034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EISINGER, DENNIS 4000 HOLLYWOOD BLVD SUITE 2655 HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DOWELL, FRANCO 12505 ORANGE DR #906 DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WRIGHT, CARON 12505 ORANGE DR #906 DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SACOACIO, PAM 12505 ORANGE DR #906 DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE: Kron B. Wells PD 3/24/07 934.478.4228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**

**INFORMATION SHEET**

40046458  
#1126655

NAME OF ASSOCIATION: SOUTHBRIDGE WEST AT PEMBROKE POINTE HOMEOWNERS  
ASSOCIATION

Monthly Meeting Date: 4<sup>th</sup> Wednesday Time: 7:30pm Location: Club House

APPROXIMATE DATE OF ANNUAL MEETING: December 26, 2007  
Homeowners needed to establish a quorum

Maintenance Men: Marcos 954-801-9434  
Pool Keys: \$5.00 ( for the bathroom)  
Cable Company: Comcast 954-252-1937  
City of : Pembroke Pines  
Clubhouse #:

Insurance Provider: Advanced Insurance, Gregg Dunsford Ph: 954-270-9800 email: gdunsford@advancedins.com

Attorney: Philips, Eisinger & Brown PA Ph: 954-894-8000 Dennis Eisinger, Attorney  
Amy Castillo, Paralegal (she provides atty. Status reports) email: acastillo@poplawyers.com

Lake Treatment:

Lawn Company:

Website:

Number of Units: 136 Association dues & when: \$165 a month / \$55 special assessment until  
December 2007

NAME, ADDRESS, HOME PHONE NO., & BUSINESS PHONE NO. OF OFFICES AND DIRECTORS  
OF YOUR BOARD OF DIRECTORS:

**President: Caron Wright**

Address: 1101 NW 107<sup>th</sup> Ave., Pembroke Pines  
Home Phone No.: 954-432-2168  
Cell Phone No.: 954-478-4228  
Email: Blondmom13@aol.com

**Vice President: Franco Dowell**

Address: 10737 NW 11<sup>th</sup> St., Pembroke Pines  
Home Phone No.: 954-436-5176  
Business Cell No.:  
Cell Phone No.: 954-673-9568  
Email: Woodpeggl@aol.com

**Director:**

Address:  
Home Phone No.:  
Cell Phone No.:  
Email:

**Treasurer: Pamela Saccocio**

Address: 10745 NW 11<sup>th</sup> St., Pembroke Pines  
Home Phone No.: 954-435-3794  
Business Phone No.: 305-944-0040  
Cell Phone No.: 305-724-3794

Email: bnpsacco@aol.com

**Director:**

Address:  
Home Phone No.:  
Cell Phone No.:  
Email:

**Director:**

Address:  
Home Phone No.:  
Cell Phone No.:  
Email: