## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26655

FILED Mar 26, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1495 NORTH PARK DRIVE WESTON, FL 33326 US

Current Mailing Address: New Mailing Address:

1495 NORTH PARK DRIVE 1495 NORTH PARK DRIVE STE 811 WESTON, FL 33326 US

FEI Number: 65-0159034 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EISINGER, DENNIS

4000 HOLLYWOOD BLVD SLITE 2655

4000 HOLLYWOOD BLVD SLITE 2655

4000 HOLLYWOOD BLVD SUITE 2655 HOLLYWOOD, FL 33021 US 4000 HOLLYWOOD BLVD SUITE 2655 SUITE 2655

HOLLYWOOD, FL 33021 US

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.

SIGNATURE: DENNIS EISINGER 03/26/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete Title: PRES (X) Change ( ) Addition Name: DOWELL, FRANCO Name: WRIGHT, CARON

Address: 10737 NW 11 STREET Address: 1495 NORTH PARK DRIVE
City-St-Zip: PEMBROKE PINES, FL City-St-Zip: WESTON, FL 33326

Title: PD ( ) Delete Title: VP (X) Change ( ) Addition Name: WRIGHT, CARON Name: DOWELL, FRANCO

Address: 1101 NW 107TH AVENUE Address: 1495 NORTH PARK DRIVE
City-St-Zip: PEMBROKE PINES, FL City-St-Zip: WESTON, FL 33326

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 SACOACIO, PAM
 Name:
 SACCOCIO, PAM

 Address:
 10745 NW 11TH STREET
 Address:
 1495 NORTH PARK DRIVE

 City-St-Zip:
 PEMBROKE PINES, FL 33330
 City-St-Zip:
 WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARON WRIGHT PRES 03/26/2009