

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000046 (1)**

1. Corporation Name

**PEMBROKE SHORES COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

9000 W. SHERIDAN ST.  
SUITE 100  
PEMBROKE PINES FL 33024

9000 W. SHERIDAN ST.  
SUITE 100  
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified **01/04/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0620913**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMON, ERIC A ESQ.  
800 CORPORATE DR.  
SUITE 510  
FT. LAUDERDALE FL 33334**

81. Name

**Howard J. Zimmerman**

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

**Zimmerman Management Services, Inc.**

83.

**9000 W. Sheridan St., Suite 100**

84. City

**Pembroke Pines**

**FL**

**33024**

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)

*HOWARD J. ZIMMERMAN*

*3/18/96*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, GREGORY W	
STREET ADDRESS	1800 S. AUSTRALIAN AVE., SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	HEFTLER, ROGER	
STREET ADDRESS	9450 SUNSET DR., SUITE 101	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	RENZI, BONNIE L	
STREET ADDRESS	1000 N. HIATUS RD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Renzi, Bonnie L.	
1.3 STREET ADDRESS	1000 N. Hiatus Rd.	
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33026	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jordan, Gregory W.	
2.3 STREET ADDRESS	1800 S. Australian Ave., Suite 400	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marante, Fred	
3.3 STREET ADDRESS	9450 Sunset Dr., Suite 101	
3.4 CITY-ST-ZIP	Miami, FL 33173	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96 (954) 431-7111

Date Daytime Phone #

CR2E037 (12/95)