

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91459 005 ****61.25

DOCUMENT # N95000000046

1. Entity 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

2. Principal Place of Business

12505 Orange Drive

3. Mailing Address

12505 Orange Drive

Suite, Apt. #, etc.

#906

Suite, Apt. #, etc.

#906

City & State

Davie, Fl

City & State

Davie, Fl

4. FEI Number

65-0620913

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARK POFFENBARGER
C/O CENTURY MANAGEMENT SERVICES, INC.
9000 W SHERIDAN STREET SUITE 100
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

Mark Poffenbarger

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

c/o Century Management Services, Inc.

12505 Orange Dr. Suite 906

City

Davie

FL

Zip Code

33330

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.

SIGNATURE



Mark Poffenbarger, Property Manager

4/3/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RENZI, BONNIE L	
STREET ADDRESS	1000 N HIATUS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROCA, RAFAEL	
STREET ADDRESS	8000 GOVERNOR'S SQ BLVD, STE 101	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	PUZZITIELLO, RAY	
STREET ADDRESS	4000 SE PINE VALLEY ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Martinez	
STREET ADDRESS	195 SW 166 Ave	
CITY-ST-ZIP	Pembroke Pines, Fl 33027	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lloyd Washington	
STREET ADDRESS	16380 SW 14 St.	
CITY-ST-ZIP	Pembroke Pines, Fl 33027	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janie Rodriquez	
STREET ADDRESS	1047 SW 159 Way	
CITY-ST-ZIP	Pembroke Pines, Fl 33027	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jaime Rodriquez	
STREET ADDRESS	16871 SW 1st Manor	
CITY-ST-ZIP	Pembroke Pines, Fl 33027	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Rodriquez	
STREET ADDRESS	346 SW 162 Ave.	
CITY-ST-ZIP	Pembroke Pines, Fl 33027	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Rooth	
STREET ADDRESS	1299 SW 159 Terr	
CITY-ST-ZIP	Pembroke Pines, Fl 33027	

12. 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 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:

Signature Required
Signature and typed or printed name of signing officer or director
CHARLOS MARTINEZ

4/5/02

CR2E037 (9/01)