


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90310 037 ****61.25

DOCUMENT # N95000000046
 1. Entity Name
PEMBROKE SHORES COMMUNITY ASSOCIATION, INC.



Principal Place of Business
 12505 ORANGE DR.
 #906
 DAVIE, FL 33330

Mailing Address
 12505 ORANGE DR.
 #906
 DAVIE, FL 33330

50036914



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
 65-0620913

Applied For
 Not Applicable

Zip Country

Zip Country

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.
 12505 ORANGE DR., SUITE 906
 DAVIE, FL 33330

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARCUS, JULIE	
STREET ADDRESS	608 SW 168 PLACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, LEO	
STREET ADDRESS	16317 SW 10 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VEGA, JOSE	
STREET ADDRESS	230 SW 167 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RODRIQUEZ, JAIME	
STREET ADDRESS	16871 SW 1ST MANOR	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIQUEZ, RONALD	
STREET ADDRESS	346 SW 162 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROOTH, DONNA	
STREET ADDRESS	1299 SW 159 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **3/28/05** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #