

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90326 029 ****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

50010325



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

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

City & State

03032006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

MARK POFFENBARGER
 C/O CENTURY MANAGEMENT SERVICES, INC.
 12505 ORANGE DR., SUITE 906
 DAVIE, FL 33330

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 _____
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, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME MARCUS, JULIE STREET ADDRESS 608 SW 168 PLACE CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE D NAME BRIAN YOUNG STREET ADDRESS 16890 SW 1ST MANOR CITY-ST-ZIP PPINES, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME QUINN, LEO STREET ADDRESS 16317 SW 10 STREET CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE D NAME KEVIN BAKER STREET ADDRESS 16211 SW 16 ST CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME RODRIQUEZ, JAIME STREET ADDRESS 16871 SW 1ST MANOR CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME RODRIQUEZ, RONALD STREET ADDRESS 346 SW 162 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME ROOTH, DONNA STREET ADDRESS 1299 SW 159 TERRACE CITY-ST-ZIP PEMBROKE PINES, FL 33027	<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

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 like empowered.

SIGNATURE: DONNA ROOTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 9-862-1477
Date Daytime Phone #