2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2007 8:00 am Secretary of State

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DOCUMENT # N9500000046 1. Entity Name PEMBROKE SHORES COMMUNITY ASSOCIATION, INC.							03	-16-2007 9	0038 008	****61.2	25	
Principal Place 12505 ORAN #906 DAVIE, FL 33	COKE SHORES COMMUNITY A lace of Business ANGE DR. 33330 Il Place of Business - No P.O. Box # 35 SW 55+V St		Address ORANGE DR. FL 33330					7643	1 88111 23 111 8 8111	âlin Jiria Cini	TRI AL JONE	
12233	SW 55th St-	1223	3. Mailing Address 12235 SW 55th St.									
Suite, Apt. (Suite	Suite, Apt. #, etc. Simbol 811				02222007 CH	ng-NP	CR2E037	(12/06)		
City & State		City	Corper Cety FC				4. FEI Number 65-062091	3		————	olied For Applicable	
333300 333300	Country	Zip 33.33	D C	<u> </u>	intry		5. Certificate of St			8.75 Addi	tional	
	6. Name and Address of Curren	t Registered	Agent				7. Name and Add	ress of New R	egistered Aç	jent		
	FFENBARGER URY MANAGEMENT SERVI	CES, INC.			l Y	Hame Mant Poffenbarger Special Address (P.D. Box Ministers Not Address (P.D. Box Ministers No						
12505 ORANGE DR., SUITE 906 DAVIE, FL 33330					12233	<u>Seri</u>	w 55th	St. x		811 811		
					City C	 m	r Cety		FL	Zig Code	₹ >	
	named entity submits this statement ions of registered agent.	for the purpos	e of changing its	registere	ed office or re	egister	ed agent, or both, in	the State of Flo	orida. I am fa	miliar with, a	and accept	
											1	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applic	able. (NOTE	Registere	d Agent signature	s required	when reinstating)		OATE			
	Signature. Need or priviled name of registered age Filling Fee is \$61.25 Due by May 1, 2007	nt and title if applic	9. Election Cam Trust Fund C	npaign F	inancing		when reinstating) \$5.00 May Be Added to Fees		DATE lake check ida Departr			
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D		9. Election Cam Trust Fund C	npaign F Contribut	Financing ion.]	\$5.00 May Be	Flor	lake check ida Departr RS AND DIRI	nent of Sta	ate 10	
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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 receivery 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 16890 SW 1ST MANOR

HOLLYWOOD, FL 33027

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07 951862-147