


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-16-2007 90038 008 ****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

20007643



2. Principal Place of Business - No P.O. Box #
12233 SW 55th St.

3. Mailing Address
12233 SW 55th St.

Suite, Apt. #, etc.
Suite 811

02222007 Chg-NP CR2E037 (12/06)

City & State
Cooper City FL

Country
USA

Zip
33330

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

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

12233 SW 55th St. Suite 811

City **Cooper City 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. 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, 2007

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 type="checkbox"/> Delete
NAME	BAKER, KELVIN	
STREET ADDRESS	16211 SW 16ST	
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	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, BRIAN	
STREET ADDRESS	16890 SW 1ST MANOR	
CITY-ST-ZIP	HOLLYWOOD, 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 checked="" 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 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 Date: 3-12-07 Daytime Phone #: 954-862-1477