


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90025 046 \*\*\*\*61.25

<b>DOCUMENT # N95000000046</b>		
1. Entity Name PEMBROKE SHORES COMMUNITY ASSOCIATION, INC.		
Principal Place of Business 12233 SW 55TH ST SUITE 811 COOPER CITY, FL 33330	Mailing Address 12233 SW 55TH ST SUITE 811 COOPER CITY, FL 33330	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	

40062613



Century Management Services, Inc. Century Management Services, Inc.  
 1495 North Park Drive 1495 North Park Drive  
 Weston, Florida 33326 Weston, Florida 33326

172008 Chg-NP CR2E037 (12/06)

FEI Number 65-0620913	Applied For Not Applicable
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Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		Name and Address of New Registered Agent	
MARK POFFENBARGER C/O CENTURY MANAGEMENT SERVICES, INC. 12233 SW 55TH ST SUITE 811 COOPER CITY, FL 33330		Century Management Services, Inc. 1495 North Park Drive Weston, Florida 33326	
		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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, JULIE 608 SW 168 PLACE PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, LEO 16317 SW 10 STREET 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 NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, KELVIN 16211 SW 16ST PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Samantha Zullo 16483 SW 1st Street Pembroke Pines, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIQUEZ, RONALD 346 SW 162 AVE PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Mary Rousseau 16173 SW 9th Street Pembroke Pines, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROOTH, DONNA 1299 SW 159 TERRACE PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, BRIAN 16890 SW 1ST MANOR HOLLYWOOD, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Jaime Rodriguez 16871 SW 1st Manor Pembroke Pines FL 33027 <input type="checkbox"/> Change <input checked="" 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 address, with all other like empowered.

**SIGNATURE:**  **DONNA ROOTH VP TREAS** **2/6/08 954 349-8777**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #