FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

JUN -1 PM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27771** **(7)**

1. Corporation Name

PEMBROOKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779	2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/05/1988**
3a. Date of Last Report: **04/13/1994**
4. FEI Number: **59-3014019** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has taken, for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HART, JAMES W. JR.
SENTRY MANAGEMENT, INC.
2180 WEST S.R. 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if signer also (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, WILLIAM	12 NAME	
STREET ADDRESS	7223 JAFFERY CT.	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, LOUISE	22 NAME	
STREET ADDRESS	7321 HUNTERDON CT	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, ROBERT	32 NAME	
STREET ADDRESS	7316 LISMORE CT.	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	FORREST, JEFFREY	42 NAME	
STREET ADDRESS	2700 GRANTHAM CT	43 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SMALLEY, RICHARD	52 NAME	
STREET ADDRESS	2927 BARRYMORE CT	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HONTAS, TERRY	62 NAME	
STREET ADDRESS	2705 GRANTHAM CT.	63 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/27/95 (407) 292-9045
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0000367