

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90071 011 ****61.25

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DOCUMENT # N27771

1. Corporation Name

PEMBROOKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779

Mailing Address

2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779



2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

08/05/1988

4. FEI Number

59-3014019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CISEWSKI, KENT	
STREET ADDRESS	7240 SOMERSWORTH DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DENOMME, STEVE	
STREET ADDRESS	2613 RANGELEY CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUSSELL, BOB	
STREET ADDRESS	7316 LISMORE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, LOUISE	
STREET ADDRESS	7321 HUNTERDON CT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RASHAM, JOHN	
STREET ADDRESS	7168 SOMERSWORTH DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRET, HUNTER	
STREET ADDRESS	7208 SOMERSWORTH DR	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBINSON, JOE	
1.3 STREET ADDRESS	7317 LISMORE CT	
1.4 CITY-ST-ZIP	ORLANDO FL 32835	
2.1 TITLE	D/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GILFEDDER, LOUISE	
2.3 STREET ADDRESS	2955 BARRYMORE CT	
2.4 CITY-ST-ZIP	ORLANDO FL 32835	
3.1 TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NELSON, EMILY	
5.3 STREET ADDRESS	2721 JAFFERY DR	
5.4 CITY-ST-ZIP	ORLANDO FL 32835	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)