

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90277 011 ****61.25

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1. Entity Name
EAST LAKES IN PEMBROKE PINES HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
9732 N.W. 16TH COURT
PEMBROKE PINES, FL 33024

Mailing Address
9732 N.W. 16TH COURT
PEMBROKE PINES, FL 33024

50022990



03012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1937067

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF
311 STIRLING RD.
EMERALD LK CORP PARK
HOLLYWOOD, FL 33312-3525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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, 2005

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 VP ☐ Delete
NAME HANSEN, BARBARA
STREET ADDRESS 9631 N W 16 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE S ☒ Delete
NAME MCKENNA, CAROL
STREET ADDRESS 1580 N W 97 TERR
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE DP ☒ Delete
NAME DETTLOFF, MARGARET
STREET ADDRESS 9820 NW 15TH CT
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE D ☐ Delete
NAME HERTLEIN, GLEN
STREET ADDRESS 1580 N W 97 TERR
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE TD ☐ Delete
NAME MAZZEI, FLORENCE
STREET ADDRESS 9821 NW 16TH ST
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
NAME Hansen, Barbara
STREET ADDRESS 9631 NW 16th Street
CITY-ST-ZIP Pembroke Pines, Fl 33024

TITLE VP ☐ Change ☒ Addition
NAME Richter, Paulette
STREET ADDRESS 9770 NW 15th Court
CITY-ST-ZIP Pembroke Pines, Fl 33024

TITLE D ☐ Change ☒ Addition
NAME Harrison, Robert
STREET ADDRESS 1580 NW 97th Avenue
CITY-ST-ZIP Pembroke Pines, Fl 33024

TITLE TD ☒ Change ☐ Addition
NAME Hertlein, Glen
STREET ADDRESS 1580 NW 97th Terrace
CITY-ST-ZIP Pembroke Pines, Fl 33024

TITLE S ☒ Change ☐ Addition
NAME Mazzei, Florence
STREET ADDRESS 9821 NW 16th Street
CITY-ST-ZIP Pembroke Pines, Fl 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: Barbara L. Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05 (954) 436-7000
Date Daytime Phone

Barbara L. Hansen