

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90461 041 ****61.25

DOCUMENT # 748854

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1937067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006

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

TITLE **VP** ☒ Delete
NAME **RICHTER, PAULETTE**
STREET ADDRESS **9770 NW 15TH COURT**
CITY - ST - ZIP **PEMBROKE PINES, FL 33024**

TITLE **D** ☒ Delete
NAME **HARRISON, ROBERT**
STREET ADDRESS **1580 NW 97TH AVENUE**
CITY - ST - ZIP **PEMBROKE PINES, FL 33024**

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

TITLE **S** ☐ Delete
NAME **MAZZEI, FLORENCE**
STREET ADDRESS **9821 NW 16TH ST**
CITY - ST - ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☐ Change ☒ Addition
NAME **Dettloff, Peggy**
STREET ADDRESS **9820 NW 15th Court**
CITY - ST - ZIP **Pembroke Pines, FL 33024**

TITLE **D** ☐ Change ☒ Addition
NAME **Carmi, Marilyn**
STREET ADDRESS **9661 NW 16th Street**
CITY - ST - ZIP **Pembroke Pines, FL 33024**

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Glen Hertlein **GLEN HERTLEIN** 04/28/06 954-432-6888