

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27771

**Entity Name:** PEMBROOKE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**501 STATE RD 44  
LEESBURG, FL 34748**Current Mailing Address:**501 STATE RD 44  
LEESBURG, FL 34748 US**FEI Number:** 59-3014019**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WETHRINGTON & HAMILTON  
1010 NORTH FLORIDA AVENUE  
TAMPA, FL 33602 US*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.***SIGNATURE:** WETHRINGTON & HAMILTON

02/26/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FROMKIN, JULIA  
Address        501 STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title            TD  
Name            SPERLING, ROGER  
Address        501 STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title            VP  
Name            RIGGIN, ELMER  
Address        501 STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title            DIRECTOR  
Name            MAKASHAY, IRA  
Address        501 STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title            DIRECTOR  
Name            AICARDI, KEN  
Address        501 STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title            DIRECTOR  
Name            KING, GARY  
Address        501 STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title            DIRECTOR  
Name            CAOQUETTE, BOB  
Address        501 STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title            DIRECTOR  
Name            NICHOLS, PAT  
Address        501 STATE RD 44  
City-State-Zip: FLORIDA FL 34748

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIA FROMKIN

PRESIDENT

02/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WIENCEK, MARTHA
Address	501 STATE RD 44
City-State-Zip:	LEESBURG FL 34748