

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000046

Entity Name: PEMBROKE SHORES COMMUNITY ASSOCIATION, INC.

FILED
Apr 28, 2023
Secretary of State
4057782680CC

Current Principal Place of Business:

C/O IGLESIAS LAW GROUP, P.A.
15800 PINES BLVD STE 303
PEMBROKE PINES , FL 33027

Current Mailing Address:

C/O IGLESIAS LAW GROUP, P.A.
15800 PINES BLVD STE 303
PEMBROKE PINES , FL 33027 US

FEI Number: 65-0620913

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IGLESIAS LAW GROUP, P.A.
15800 PINES BLVD
STE 303
PEMBROKE PINES, FL 33027 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: DAVID IGLESIAS

04/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SOMMER, TIM
Address C/O IGLESIAS LAW GROUP, P.A.
 15800 PINES BLVD. #303 - DAVID
 IGLESIAS OFFICE
City-State-Zip: PEMBROKE PINES FL 33027

Title VP
Name BORNSTEIN-RODRIGUEZ, BONNIE
Address C/O IGLESIAS LAW GROUP, P.A.
 15800 PINES BLVD #303 - DAVID
 IGLESIAS OFFICE
City-State-Zip: PEMBROKE PINES FL 33028

Title TREASURER
Name GONZALEZ, JORGE
Address C/O IGLESIAS LAW GROUP, P.A.
 15800 PINES BLVD. #303 - DAVID
 IGLESIAS OFFICE
City-State-Zip: PEMBROKE PINES FL 33028

Title SECRETARY
Name SHIWPAL, ANDREW
Address IGLESIAS LAW GROUP, P.A.
 15800 PINES BLVD. #303 - DAVID
 IGLESIAS OFFICE
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name DOUGLAS, TAMMY
Address C/O IGLESIES LAW GROUP, P.A.
 15800 PINES BLVD #303 - DAVID
 IGLESIAS OFFICE
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name ABREU, PEDRO
Address IGLESIAS LAW GROUP, P.A.
 15800 PINES BLVD. #303 - DAVID
 IGLESIAS OFFICE
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name HERRINGTON, RYAN
Address IGLESIAS LAW GROUP, P.A.
 15800 PINES BLVD. #303 - DAVID
 IGLESIAS OFFICE
City-State-Zip: PEMBROKE PINES FL 33028

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: SOMMER, TIM

PRESIDENT

04/28/2023

