2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N95000000046

Entity Name: PEMBROKE SHORES COMMUNITY ASSOCIATION, INC.

FILED Dec 08, 2022 Secretary of State 5243486509CC

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 12/08/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title

Name SOMMER, TIM Name BORNSTEIN-RODRIGUEZ, BONNIE

C/O IGLESIAS LAW GROUP, P.A. C/O IGLESIAS LAW GROUP, P.A. Address Address

15800 PINES BLVD. #303 - DAVID 15800 PINES BLVD #303 - DAVID

IGLESIAS OFFICE IGLESIAS OFFICE

PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33028 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **SECRETARY**

MORRELL, MARGARET Name SHIWPAL, ANDREW Name

C/O IGLESIAS LAW GROUP, P.A. Address IGLESIAS LAW GROUP, P.A. Address

15800 PINES BLVD. #303 - DAVID 15800 PINES BLVD. #303 - DAVID

IGLESIAS OFFICE IGLESIAS OFFICE

City-State-Zip: PEMBROKE PINES FL 33028 City-State-Zip: PEMBROKE PINES FL 33028

Title **DIRECTOR** Title **DIRECTOR**

Name GONZALEZ, JORGE Name ABREU, PEDRO

C/O IGLESIES LAW GROUP, P.A. IGLESIAS LAW GROUP, P.A. Address Address

15800 PINES BLVD #303 - DAVID 15800 PINES BLVD. #303 - DAVID

IGLESIAS OFFICE IGLESIAS OFFICE

PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 City-State-Zip: City-State-Zip:

Title **DIRECTOR**

Address

Name HERRINGTON, RYAN

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.

12/08/2022 SIGNATURE: TIM SOMMER PRESIDENT