

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N95000000046

**Entity Name:** PEMBROKE SHORES COMMUNITY ASSOCIATION, INC.

**FILED**  
**Sep 14, 2022**  
**Secretary of State**  
**2578839719CC**

**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**

**09/14/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HERRINGTON, RYAN  
Address C/O FIRSTSERVICE RESIDENTIAL  
2950 N 28TH TERRACE  
City-State-Zip: HOLLYWOOD FL 33020

Title PRESIDENT  
Name SOMMER, TIMOTHY  
Address C/O FIRSTSERVICE RESIDENTIAL  
2950 NORTH 28 TERRACE  
City-State-Zip: HOLLYWOOD FL 33020

Title TREASURER  
Name MORRELL, MARGARET  
Address C/O FIRSTSERVICE RESIDENTIAL  
2950 NORTH 28 TERRACE  
City-State-Zip: HOLLYWOOD FL 33020

Title VP  
Name BORNSTEIN-RODRIGUEZ, BONNIE  
Address C/O FIRSTSERVICE RESIDENTIAL  
2950 NORTH 28 TERRACE  
City-State-Zip: HOLLYWOOD FL 33020

Title SECRETARY  
Name SHIWPAL, ANDREW  
Address C/O FIRSTSERVICE RESIDENTIAL  
2950 NORTH 28 TERRACE  
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR  
Name ABREU, PEDRO  
Address C/O FIRSTSERVICE RESIDENTIAL  
2950 NORTH 28 TERRACE  
City-State-Zip: HOLLYWOOD FL 33020

*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: TIMOTHY SOMMER**

**PRESIDENT**

**09/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date