

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000046

FILED
Jan 15, 2019
Secretary of State
7550070113CC

Entity Name: PEMBROKE SHORES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O BROUGH, CHADROW & LEVINE PA
2149 NORTH COMMERCE PARKWAY
WESTON, FL 33326

Current Mailing Address:

C/O BROUGH, CHADROW & LEVINE PA
2149 NORTH COMMERCE PARKWAY
WESTON, FL 33326 US

FEI Number: 65-0620913

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, PA
2149 NORTH COMMERCE PARKWAY
WESTON, FL 33326 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FRAZIER, KENNETH
Address C/O KW PROPERTY MANAGEMENT &
 CONSULTING
 13794 NW 4TH STREET SUITE 208
City-State-Zip: SUNRISE FL 33325

Title SECRETARY
Name PEREZ, AGNIEZKA
Address C/O KW PROPERTY MANAGEMENT &
 CONSULTING
 13794 NW 4TH STREET SUITE 208
City-State-Zip: SUNRISE FL 33325

Title VP
Name MEDINA, NELSON
Address C/O KW PROPERTY MANAGEMENT &
 CONSULTING
 13794 NW 4TH STREET SUITE 208
City-State-Zip: SUNRISE FL 33325

Title TREASURER
Name PARRISH, ALAN
Address C/O KW PROPERTY MANAGEMENT &
 CONSULTING
 13794 NW 4TH STREET SUITE 208
City-State-Zip: SUNRISE FL 33325

Title DIRECTOR
Name BORNSTEIN-RODRIGUEZ, BONNIE
Address C/O KW PROPERTY MANAGEMENT &
 CONSULTING
 13794 NW 4TH STREET SUITE 208
City-State-Zip: SUNRISE FL 33325

Title DIRECTOR
Name MARTINEZ JR. , CARLOS
Address C/O KW PROPERTY MANAGEMENT &
 CONSULTING
 13794 NW 4TH STREET SUITE 208
City-State-Zip: SUNRISE FL 33325

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: NELSON MEDINA

VICE PRESIDENT

01/15/2019

Electronic Signature of Signing Officer/Director Detail

Date