

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 741701 (7)**  
1. Corporation Name  
**PEMBROKE TOWERS HOUSING CORPORATION, INC.**



Principal Place of Business Mailing Address  
**1773 NORTH STATE ROAD 7  
LAUDERHILL FL 33313**

3. Date Incorporated or Qualified **12/30/1977** 3a. Date of Last Report **03/17/1995**  
4. FEI Number **59-1852008** Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

## 9. Name and Address of Current Registered Agent

**BARAKAT, RUSSELL G.  
1773 N. STATE ROAD 7  
LAUDERHILL FL 33313**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARAKAT, RUSSELL G.</b>	
STREET ADDRESS	<b>1773 N. STATE ROAD 7</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COHEN, ALBERT</b>	
STREET ADDRESS	<b>291 S HOLLYBROOK DR.</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GLASSER, DIANE</b>	
STREET ADDRESS	<b>9507 NW 72ND COURT</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIAR, MONROE</b>	
STREET ADDRESS	<b>13431 SW 16 COURT</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCOY, LEOLA</b>	
STREET ADDRESS	<b>1750 NW 24TH TERR.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCNEMENY, ROBERT J.</b>	
STREET ADDRESS	<b>641 NW 67 AVENUE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Russell G. Barakat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Russell G. Barakat, President/Director**

**2-19-96**

Date

Daytime Phone #

CR2E037 (12/95)