

FILE NOW: FILING FEE IS \$61.25

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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	1773 NORTH STATE ROAD 7 LAUDERHILL FL 33313-5005

3. Date Incorporated or Qualified 12/30/1977	3a. Date of Last Report 02/26/1996
4. FEI Number 59-1852008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Zip
24 Country	29 Country
25	30

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 KEVIN CREGAN
82 Street Address (P.O. Box Number is Not Acceptable) 1773 North State Road 7
83
84 City Lauderhill
FL
85 Zip Code 33313

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

Kevin Cregan
KEVIN CREGAN

Registered Agent signature required when reinstating

3/25/97

DATE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHANE GUNDERSON	
1.3 STREET ADDRESS	3001 South Ocean Drive, Suite 15W	
1.4 CITY-ST-ZIP	Hollywood, FL 33019	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LENNARD N. ROBINSON	
2.3 STREET ADDRESS	201 S. Andrews Ave., Suite 201	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carolyn Jeanne-Phillippe	
3.3 STREET ADDRESS	2400 NW 22nd St., Apt. D-32	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Charles C. Nelson	
4.3 STREET ADDRESS	6730 SW 12th Street	
4.4 CITY-ST-ZIP	Pembroke Pines, FL 33023	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lewis Epstein	
5.3 STREET ADDRESS	2201 North University Drive, #106	
5.4 CITY-ST-ZIP	Pembroke Pines, FL 33024	
6.1 TITLE		<input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Shane Gunderson* **SHANE GUNDERSON**, 3/31/97 954/765-5311

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 0034828

CP2E037 (9/96)