NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 741701

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

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90157 004 ****61.25



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Principal Place of Business 2a. Mailing Address 26						3. Date Incorporated or Qualifed 12/30/1977				
21 Suite, Ap	ot # etc	Suite, Apt. #, e	itc.			4. FEI Number			Applied For	
22						59-1852008			Not Applicable	
City & State City & State 28						5. Certificate of Status Desired	\$8.75 Additional		5 Additional	
Zip	Zip Country Zip					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24	9. Name and Address of Curre		30			10. Name and Address of New R	egistered .	Agent		
				81	Name					
COTCAN PERM					- ·	Add (D.C. De N. sherie Net Assesse	nla)			
CREGAN, KEVIN 1773 NORTH STATE ROAD 7					Street /	Address (P.O. Box Number is Not Acceptal	oie)			
1//3 NU	JRIN SIAIE NUAD /			83	·····					
LAUDERHILL FL 33313				84	City		FL	85 Zi	p Code	
			5			the this state was for the		connaina	ite renistered	
office o	int to the provisions of Sections 617,056 or registered agent, or both, in the State I am familiar with, and accept the obligations.	of Florida. Such change	e was authori	zed by	the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	the appoir	ntment as	registered	
SIGNATUR	Signature, typed or printed name of registered ag	not and title if applicable	(NOTE: Registi	ered Ager	nt signature re	equired when reinstating)	DATE			
12.		ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIREC	TORS IN 12	
TITLE	D	☐ DEL	.ETE 1.	1 TITLE				☐ Chang	ge	
NAME	GUNDERSON, SHANE		1.	2 NAME						
STREET ADORES	ANNA GOLIEL GOELL DOUG	≱15W	1.	3 STREE	ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL		1.	4 CITY-S	T-ZIP		,			
TITLE	D	DEL	ETE 2	1 TITLE				☐ Chang	ge Addition	
NAME	ROBINSON, LENNARD N		2	2 NAME	- (
STREET ADDRES			2	3 STREE	T ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		2	4 CITY-5	ST-ZIP					
TITLE	D	☐ DEL	ETE 3	1 TITLE				Chang	ge	
NAME	JEANNE-PHILLIPPE, CAROLYN		3	2 NAME						
STREET ADDRES	ss 2400 NW 22ND STREET, D-32		3.	3 STREE	T ADDRESS				•	
CITY-ST-ZIP	FT LAUDERDALE FL			4. CITY-5	ST-ZIP					
TITLE	D	☐ DEL	ETE 4	1 TITLE	i			Chang	ge Addition	
NAME	NELSON, CHARLES C		4	2 NAME	ļ			.4	•	
STREET ADDRES			4	3 STREE	TADDRESS	į ·				
CITY-ST-ZIP	PEMBROKE PINES FL			4 CITY-S	T-ZIP					
TITLE	D	☐ DEL		1 TITLE	Ì]	-	☐ Chang	ge 🔲 Addition	
NAME	EPSTEIN, LEWIS			.2 NAMÉ		•			•	
STREET ADDRES		106			TADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL			4 CITY-S	T-ZIP		·	, ,		
TITLE		☐ DEL		.1 TITLE		· '.	٠.	Chang	ge Addition	
NAME	1			2 NAME						
STREET ADDRE	ss				TADDRESS					
000/07/70	}		1 6	4 CITY+S	T. 7IP	I				

14. I 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 changelt, of on an attachment with an address, with all other like empowered.

SIGNATURE: