

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741701

1. Entity Name

PEMBROKE TOWERS HOUSING CORPORATION, INC.

Principal Place of Business

1773 NORTH STATE ROAD 7  
LAUDERHILL FL 33313

Mailing Address

1773 NORTH STATE ROAD 7  
LAUDERHILL FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1852008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREGAN, KEVIN  
1773 NORTH STATE ROAD 7  
LAUDERHILL FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
D  
GUNDERSON, SHANE  
STREET ADDRESS  
2841 N OCEAN BLVD # 405  
CITY-ST-ZIP  
HOLLYWOOD FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
D  
ROBINSON, LENNARD N  
STREET ADDRESS  
201 S ANDREWS AVE, #201  
CITY-ST-ZIP  
HOLLYWOOD FL 33311 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
FT. LAUDERDALE, FL 33301

TITLE  
NAME  
D  
JEANNE-PHILLIPPE, CAROLYN  
STREET ADDRESS  
2400 NW 22ND ST D-32  
CITY-ST-ZIP  
HOLLYWOOD FL 33311 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
D  
NELSON, CHARLES C  
STREET ADDRESS  
944 POLK ST  
CITY-ST-ZIP  
HOLLYWOOD FL 33019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
D  
EPSTEIN, LEWIS  
STREET ADDRESS  
2201 N UNIVERSITY DRIVE, #106  
CITY-ST-ZIP  
PEMBROKE PINES FL 33024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01

(954) 759-1114 X316

Date

Daytime Phone #

CR2E037 (10/00)