

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 760371

1. Entity Name
**THE GARDENS AT PEMBROKE LAKES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**75 NE 6 AVENUE
#206
DELRAY BEACH, FL 33483 US**

Mailing Address

**75 NE 6 AVENUE
#206
DELRAY BEACH, FL 33483 US**



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2140558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ESTEBANEZ, ERIC
75 NE 6 AVENUE
#206
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HODNEY, ROGER
11340 TAFT ST
PEMBROKE PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MACKAY, MARTHA
11314 TAFT STREET
PEMBROKE PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BARRACO, WENDY
11314 TAFT ST
PEMBROKE PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PAID

CK. NO. **1238**

DATE **01/25/08**

U00000809140
02/08/08-80011-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #