

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000003003**

1. Entity Name  
**PEMBROKE PINES AFFORDABLE SENIOR HOUSING  
FOUNDATION, INC.**



Principal Place of Business  
**911 POINCIANA DR  
PEMBROKE PINES, FL 33023**

Mailing Address  
**911 POINCIANA DR  
PEMBROKE PINES, FL 33023**



01192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **33-1113751** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CIRULLO, MICHAEL D JR  
3099 E COMMERCIAL BLVD SUITE 200  
FT LAUDERDALE, FL 33308**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GONZALEZ, ANER
STREET ADDRESS	8531 NW 4TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	D
NAME	FARTHING, TAMI
STREET ADDRESS	15110 WHETSTONE WAY
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33331
TITLE	D
NAME	TOLCES, DAVID N
STREET ADDRESS	6198 WOODBURY RD
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000673618  
03/29/07-80036-013 61.25

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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]* **ANER GONZALEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/07* **954-637-7927**  
Date Daytime Phone #