

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003003

FILED  
Apr 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

911 POINCIANA DR  
PEMBROKE PINES, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

911 POINCIANA DR  
PEMBROKE PINES, FL 33023

**New Mailing Address:**

**FEI Number:** 33-1113751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GONZALEZ, ANER  
Address: 8531 NW 4TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete  
Name: FARTHING, TAMI  
Address: 15110 WHETSTONE WAY  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D ( ) Delete  
Name: TOLCES, DAVID N  
Address: 6198 WOODBURY RD  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANER GONZALEZ

D

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date