2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90378 021 ****61.25

DOCUMENT # N05764

1. Entity Name
PASADENA POOL HOMES ON THE GREEN
HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 11311 SW 3RD STREET PEMBROKE PINES, FL 33025-0406

SIGNATURE:

Mailing Address 2035 HARDING STREET STE 200 HOLLYWOOD, FL 33020

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Principal Place of Business 3. Mailing Address												
8360 W Oakland Park Blvd PO Box 452199								BRIEF BINK IN BINE OF	311 0101 01011 01011 01B	A EIBN BIBN BIBN	E E 38	
Suite, Apt. #, etc. Suite, Apt. #, etc.								03242006	Che ND	CD2E02	7 (44105)	
301								502 .2505	Chg-NP	CRZEUS	17 (11/05)	
City & State City & State							•	4. FEI Number Applied				
Sunrise, FL Sunrise, FL								59-248	0328		No	t Applicable
Zip						untry 5. Certificate of Status Desired \$8.75 Additional						
33351 Broward 33345-2199 Bro						ward		7 Name and	Addrose of N		Fee Require	0
v. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
KATZMAN & KORR												
1501 NW 49TH STREET						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 202 FORT LAUDERDALE, FL 33309												
		2,72 00000				City		-			1 7:- 0-3	
						City				FL	Zip Code	e
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) OATE												
				(10)	- Nogration	- Agont aigne	tore rodones	, when teristating)	γ	DATE		
	Filing Fe	e is \$61.25	1	9. Election Car			_	\$5.00 May B	ie	Make check	payable to	0
	Due by N	flay 1, 2006		Trust Fund (Contribut	ion.		Added to Fees		Florida Depart	ment of St	tate
10.		OFFICERS AND DI	RECTORS		11.	·· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CH	ANGES TO OF	FICERS AND DIF	RECTORS IN	10
TITLE	VD	-	☐ Delete	Ε ,	177/	ρ			X Change	☐ Addition		
NAME	WEIL, TH				NAM	E	۲/	·			,,	
STREET ADDRESS	620 SW 1		-			ET ADDRESS		7				
CITY-ST-ZIP		KE PINES, FL 33025			CITY	-ST-ZIP	/	<u>, , , , , , , , , , , , , , , , , , , </u>				
TITLE	PD Delete TIT						W/	V		,	Change	☐ Addition
NAME STREET ADDRESS	700 S.W.	E, ANTNONY			MAM		<u> </u>	•		•		
CITY-ST-ZIP		KE PINES, FL 33025				ET ADORESS •ST•ZIP						
TITLE	D	1121 11120,72 00020					20/				'ST Change	FT Addition
NAME		RE, PATRICIA		☐ Delete	TITLE		\mathcal{M}	5			Change	Addition
STREET ADDRESS	1 .	13TH AVE	-			et adoness	 	>				·
CITY-ST-ZIP	HOLLYWO	OOD, FL 33025			CITY	-ST-ZIP	-					
TITLE	D			☐ Delete	TITL						☐ Change	☐ Addition
NAME	KEMNA, F	RICHARD			NAM	E	ł				,-	
STREET ADDRESS	830 SW 1	13 TERRACE			STRE	ET ADORESS	ł					
CITY-ST-ZIP	PEMBRO	KE PINES, FL 33025			CITY	-ST-ZIP						
TITLE	D			☐ Delete	TITL	Ε					☐ Change	☐ Addition
NAME	WEIL, SA				NAM							
STREET ADDRESS CITY-ST-ZIP	J					ET ADORESS						
	h	RE FINES, FL 33023				-ST-ZIP						
TITLE NAME	CONOVA	R, RICAHRD		☐ Delete	TITL						☐ Change	☐ Addition
STREET ADDRESS		13TH AVE				ET ADDRESS						
CITY-ST-ZIP		OOD, FL 33025				-ST-ZIP						
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.												

OR DIRECTOR

Data

Davrime Phone #