


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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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	
Mailing Address 2035 HARDING STREET STE 200 HOLLYWOOD, FL 33020		2. Principal Place of Business 8360 W Oakland Park Blvd	
3. Mailing Address PO Box 452199		Suite, Apt. #, etc. 301	
City & State Sunrise, FL		City & State Sunrise, FL	
4. FEI Number 59-2480328		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03242006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent KATZMAN & KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEIL, THOMAS 620 SW 113 AVE PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D/P</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERRONE, ANTONY 700 S.W. 113 AVE. PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D/V</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGACRE, PATRICIA 730 SW 113TH AVE HOLLYWOOD, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D/S</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMNA, RICHARD 830 SW 113 TERRACE PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIL, SANDI 620 SW 113 AVENUE PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONOVAR, RICAHRD 701 SW 113TH AVE HOLLYWOOD, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			