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NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1998

**DOCUMENT #**1. Corporation Name

(8)

PEMBROKE MORILE HOME OWNERS ASSOCIATION, INC.

## **FILED** Mar 26 1998 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address	.=		T (ADDITION SAF ADDITO DITOR DEFOT DITOR HEAT BIRDIT BIRDIT BEAT BIRDIT AND A FIRM FOR THE FIRM FOR FIRM FOR THE FIRM FOR THE FIRM FOR THE FIRM FOR FOR THE FIRM FOR FOR FOR THE FIRM FOR	I
106 W. LAKE DI HALLANDALE FI US		106 W. LAKE DRIVE HALLANDALE FL 33009 US		1	3. Date Incorporated or Qualified  12/10/1984  4. FEI Number Applied For	•
					NOT APPLICABLE Not Applica	
2. Principal P	lace of Business	2a. Mailing Address		•	5. Certificate of Status Desired S8.75 Additional Fee Required	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution Added to Fees	
City & State	ө	City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	•	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Registered Agent	
			]	81 Name		
	MARCELLE LAKE DRIVE		ŀ	82 Street A	Address (P.O. Box Number is Not Acceptable)	
HALLANI	DALE FL 33009		Γ	83		
			-	84 City	85 Zip Code	
11 Description	to the equiplose of Captions 617	7 0502 and 617 1500 Elevide Statute	s the en	now nomed	corporation submits this statement for the purpose of changing its register	rod.
office or r	registered agent, or both, in the S	State of Florida, Such change was a	uthorized	by the corp	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registere	d
	(6/)		rida Statu	Jies.		
SIGNATURE .	Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE	Registered	Agent signature	required when reinstating) DATE	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	DELETE	1.1 TIT	LE	PRESIDENT . Change Addi	ition
NAME	DROUIN, ADRIEN		1.2 NA	ME	DENIS SEGUIN 30 W. LAKE DR.	
STREET ADDRESS	64 W LAKE DR		1.3 STF	REET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL				500.0400	
TITLE	<b>  F</b>	T priese	_	Y-ST-ZIP	41, AND 41E FL 33009	ition
NAME OTRET ADDRESS	LAMOLOGO OAOTON	☐ DELETE	2.1 TIT	LE	HALLANDALE FL33009 VICE - PRESIDENT & Change LAddi	ition
STREET ADDRESS	LANGLOIS, GASTON	☐ DELETE	2.1 TIT 2.2 NA	LE ME	HALLANDALE FL33009 VICE - PRESIDENT & Change LAddi	ition
	55 W LAKE DR	☐ DELETÉ	2.1 TIT 2.2 NAI 2.3 STE	LE ME REET ADORESS	HALLANDALE FL33009 VICE - PRESIDENT & Change LAddi GERARD JOBIN 17 W LAKEDR.	ition
CITY-ST-ZIP TITLE	55 W LAKE DR HALLANDALE FL	☐ DELETE	2.1 TIT 2.2 NAI 2.3 STE	LE ME REET ADORESS TY-ST-ZIP	HALLANDALE FL 33009 VICE - PRESIDENT & Change LAddi GERARD JOBIN 17 W LAKEDR.	
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CITY-ST-ZIP TITLE	55 W LAKE DR HALLANDALE FL		2.1 TIT 2.2 NAI 2.3 STF 2.4 GIT 3.1 TITI 3.2 NAI	LE ME REET ADORESS TY-ST-ZIP LE	HALLANDALE FL33009  VICE - PRESIDENT & Change LAddi  GERARD JOBIN  17 W LAKEDR.  HALLANDRIE FL33009  TREASURE FL33009  LANGLOIS GASTON  STW. LAKEDR.	
CITY-ST-ZIP TITLE NAME	55 W LAKE DR HALLANDALE FL TD ROBILLARD, MAURICE	DELETE	2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF	LE ME REET ADORESS TY-ST-ZIP LE ME	HALLANDALE FL 33009  VICE - PRESIDENT & Change LAddi  GÉRARD JOBIN  17 W LAKEBR.  HALLANDALE FL 33009  TREASURE FL 33009  LANGLOIS GASTON  SINCLAKE DR.  HALLANDALE FL 33009	ition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	55 W LAKE DR HALLANDALE FL TD ROBILLARD, MAURICE 77 W LAKE DR		2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF	LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	HALLANDALE FL 33009  VICE - PRESIDENT & Change LAddi CÉRARD JOBIR 17 W LAKEDR.  HALLANDRIE FL 33009  LANGLOIS GASTON  SECRETARY DICKTOR PANGE LADDI SECRETARY DICKTOR PANGE LADDI	ition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	55 W LAKE DR HALLANDALE FL TD ROBILLARD, MAURICE 77 W LAKE DR	DELETE	2.1 TIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TITI 3.2 NA 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT	LE ME REET ADDRESS TY-ST-ZIP LE TY-ST-ZIP	HALLANDALE FL 33009  VICE - PRESIDENT & Change LAddi GERARD JOBIN 17 W LAKEBR.  HALLANDALE FL 33009  LANGLOIS GASTON SECRETARY DIRECTOR ANGEL MALLANDALE FL 33009  MARCELIE VOYER 106 W. LAKE DR.  HALLANDALE FL 33009  MARCELIE VOYER 106 W. LAKE DR.	ition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	55 W LAKE DR HALLANDALE FL TD ROBILLARD, MAURICE 77 W LAKE DR	DELETE	2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI	LE ME REET ADDRESS TY-ST-ZIP ME REET ADDRESS TY-ST-ZIP LE TY-ST-ZIP LE TY-ST-ZIP LE ME	HALLANDALE FL 33009  VICE - PRESIDENT & Change LAddi GERARD JOBIN 17 W LAKEBR.  HALLANDALE FL 33009  TREASURE PL 33009  LANGLOIS GASTING SECRETARY DIRECTOR ANGEL MALLANDALE FL 33009  MARCELLE VOYER 106 W. LAKE DR.  HALLANDALE FL 33009  DIRECTOR & Change LAddi ONEIL GRONDIO	ition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	55 W LAKE DR HALLANDALE FL TD ROBILLARD, MAURICE 77 W LAKE DR	DELETE	2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT	LE ME REET ADDRESS TY-ST-ZIP ME REET ADDRESS TY-ST-ZIP LE TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	HALLANDALE FL 33009  VICE - PRESIDENT & Change LAddi GERARD JOBIN 17 W LAKEBR.  HALLANDALE FL 33009  TREASURE PL 33009  LANGLOIS GASTING SECRETARY DIRECTOR ANGEL MALLANDALE FL 33009  MARCELLE VOYER 106 W. LAKE DR.  HALLANDALE FL 33009  DIRECTOR & Change LAddi ONEIL GRONDIO	ition
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14. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or open attachment with an address.

SIGNATURE:

03-03-98 (954/966-0509