


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06551** (8)
1. Corporation Name
PEMBROKE MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 106 W. LAKE DRIVE HALLANDALE FL 33009 US		Mailing Address 106 W. LAKE DRIVE HALLANDALE FL 33009 US		3. Date Incorporated or Qualified 12/10/1984	
		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VOYER, MARCELLE 106 W. LAKE DRIVE HALLANDALE FL 33009		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Marcelle Voyer* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DEUQUIN, ADRIEN STREET ADDRESS 64 W LAKE DR CITY-ST-ZIP HALLANDALE FL	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	LANGLOIS, GASTON STREET ADDRESS 55 W LAKE DR CITY-ST-ZIP HALLANDALE FL	1.2 NAME DENIS SEGUIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	ROBILLARD, MAURICE STREET ADDRESS 77 W LAKE DR CITY-ST-ZIP HALLANDALE FL	1.3 STREET ADDRESS 30 W. LAKE DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		1.4 CITY-ST-ZIP HALLANDALE FL 33009	
TITLE		2.1 TITLE VICE - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME GERARD JORD	
TITLE		2.3 STREET ADDRESS 17 W. LAKE DR.	
TITLE		2.4 CITY-ST-ZIP HALLANDALE FL 33009	
TITLE		3.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME LANGLOIS GASTON	
TITLE		3.3 STREET ADDRESS 55 W. LAKE DR.	
TITLE		3.4 CITY-ST-ZIP HALLANDALE FL 33009	
TITLE		4.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME MARCELLE VOYER	
TITLE		4.3 STREET ADDRESS 106 W. LAKE DR.	
TITLE		4.4 CITY-ST-ZIP HALLANDALE FL 33009	
TITLE		5.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME ONEIL GRANDIN	
TITLE		5.3 STREET ADDRESS 58 W. LAKE DR.	
TITLE		5.4 CITY-ST-ZIP HALLANDALE FL 33009	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

14. I hereby 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 on an attachment with an address.

SIGNATURE: *Denis Seguin* 03-03-98/954/966-0509

CP2E037 (10/97)