2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90070 029 ****70.00

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1st MOORE CR2E037 (10/04)

DOCUMENT # N06551

1. Entity Name

PEMBROKE MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
163 WEST LAKE DRIVE HALLANDALE FL 33009 US	163 WEST LAKE DRIVE HALLANDALE FL 33009 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NO-T APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired: ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUINTA, CAMIL
163 WEST LAKE DRIVE
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name: BELANGER EDOUARD
Street Address (P.O. Box Number is Not Acceptable): 74 WEST LAKE DRIVE
City: PEMBROKE PARK FL Zip Code: 33009

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: EDOUARD BELANGER 01/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VP ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	BELANGER, EDOUARD	NAME	BELANGER EDOUARD
STREET ADDRESS	74 W. LAKE DR.	STREET ADDRESS	94 W. Lake Dr
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	PEMBROKE PARK FL 33009
TITLE	D ☐ Delete	TITLE	VP ☐ Change ☒ Addition
NAME	GIARD, GUY	NAME	LAMOUREUX PIERRE
STREET ADDRESS	111 W LAKE DR.	STREET ADDRESS	43 West Lake Dr
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	PEMBROKE PARK FL 33009
TITLE	P ☒ Delete	TITLE	SEC. TR. ☐ Change ☒ Addition
NAME	GUINTA, CAMIL	NAME	PINEL HUGUETTE
STREET ADDRESS	163 WEST LAKE DRIVE	STREET ADDRESS	20 West Lake Dr
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	PEMBROKE PARK FL 33009
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	TERZINI, MARK	NAME	DESJARDINS GUY
STREET ADDRESS	162 WEST LAKE DRIVE	STREET ADDRESS	194 West Lake Dr
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	PEMBROKE PARK FL 33009
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	LAROSE JEAN GUY
STREET ADDRESS		STREET ADDRESS	410 West Lake Dr
CITY-ST-ZIP		CITY-ST-ZIP	PEMBROKE PARK FL 33009
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: EDOUARD BELANGER 01/28/05 (954) 961-3119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #