

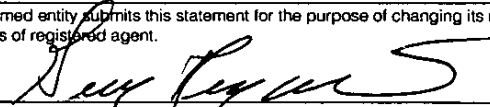
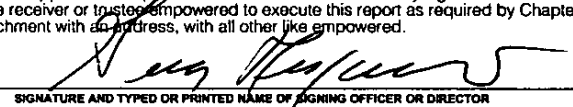


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90018 038 \*\*\*\*70.00

<b>DOCUMENT # N06551</b> 1. Entity Name <b>PEMBROKE MOBILE HOME OWNERS ASSOCIATION, INC.</b>						
Principal Place of Business <b>163 WEST LAKE DRIVE</b> <b>HALLANDALE, FL 33009 US</b>				Mailing Address <b>163 WEST LAKE DRIVE</b> <b>HALLANDALE, FL 33009 US</b>		
2. Principal Place of Business <b>194 West Lake Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>194 West Lake Drive</b> Suite, Apt. #, etc.				
City & State <b>Hallandale Florida</b>		City & State <b>Hallandale Florida</b>		4. FEI Number <b>NOT APPLICABLE</b>		
Zip <b>33009</b>		Country <b>us</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>EDOUARD, BELANGER</b> <b>74 WEST LAKE DRIVE</b> <b>PEMBROKE PARK, FL 33009</b>				7. Name and Address of New Registered Agent Name <b>Guy Desjardins</b> Street Address (P.O. Box Number Not Acceptable) <b>194 W. Lake Dr.</b> City <b>Pembroke Park</b> State <b>FL</b> Zip Code <b>33009</b>		
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  DATE <b>04/03/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE VP NAME BELANGER, EDOUARD STREET ADDRESS 74 W. LAKE DR. CITY-ST-ZIP PEMBROKE PARK, FL 33009	<input checked="" type="checkbox"/> Delete			TITLE VP NAME Claude Jolivet STREET ADDRESS 150 W. Lake Dr. CITY-ST-ZIP Pembroke Park FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GIARD, GUY STREET ADDRESS 111 W LAKE DR. CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Delete			TITLE D NAME Bernard Tanguay STREET ADDRESS 154 W. Lake Dr. CITY-ST-ZIP Pembroke Park FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME LAMOUREUX, PIERRE STREET ADDRESS 43 WEST LAKE DR CITY-ST-ZIP PEMBROKE PARK, FL 33008	<input checked="" type="checkbox"/> Delete			TITLE D NAME JoAnne Picard STREET ADDRESS 211 W. Lake Dr. CITY-ST-ZIP Pembroke Park FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME HUGUETTE, PINEL STREET ADDRESS 20 WEST LAKE DR CITY-ST-ZIP PEMBROKE PARK, FL 33009	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME GUY, DESJARDINS STREET ADDRESS 194 WEST LAKE DR CITY-ST-ZIP PEMBROKE PARK, FL 33009	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME GUY, LAROSE J STREET ADDRESS 416 WEST LAKE DR CITY-ST-ZIP PEMBROKE PARK, FL 33009	<input checked="" type="checkbox"/> Delete			<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:  DATE <b>04/03/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						