

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90026 037 ****70.00

DOCUMENT # N06551 1. Entity Name PEMBROKE MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 194 W LAKE DR HALLANDALE, FL 33009 US			Mailing Address 194 W LAKE DR HALLANDALE, FL 33009 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DESJARDAINS, GUY 194 W LAKE DR PEMBROKE PARK, FL 33009			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Hugues Desjardins</i></u> <u>02/14/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$81.25 Due by May 1, 2007		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	VP CLAUDE, JOLUETTE <input type="checkbox"/> Delete 150 W LAKE DR HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIARD, GUY <input type="checkbox"/> Delete 111 W LAKE DR. HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICARD, JOANNE <input checked="" type="checkbox"/> Delete 211 W LAKE DR HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOCELYN SAMSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 175 W. LAKE DR HALLANDALE FL 33009	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUGUETTE, PINEL <input type="checkbox"/> Delete 20 WEST LAKE DR PEMBROKE PARK, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUY, DESJARDINS <input type="checkbox"/> Delete 194 WEST LAKE DR PEMBROKE PARK, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TANGUAY, BERNARD <input type="checkbox"/> Delete 154 W LAKE DR PEMBROKE PARK, FL 33009		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 <u><i>Hugues Desjardins</i></u> <u>02/14/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					