

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90014 037 \*\*\*\*70.00

<b>DOCUMENT # N06551</b>					
<b>1. Entity Name</b> PEMBROKE MOBILE HOME OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 194 W LAKE DR HALLANDALE, FL 33009 US			<b>Mailing Address</b> 194 W LAKE DR HALLANDALE, FL 33009 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 20 W LAKE DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 20 W LAKE DR Suite, Apt. #, etc.		<b>40062114</b>  	
<b>City &amp; State</b> HALLANDALE FL Zip: 33009 Country: US		<b>City &amp; State</b> HALLANDALE FL Zip: 33009 Country: US		03272008 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DESJARDAINS, GUY 194 W LAKE DR PEMBROKE PARK, FL 33009			<b>7. Name and Address of New Registered Agent</b> Name: Jean-Guy Blondeau Street Address (P.O. Box Number is Not Acceptable): 176 W Lake Dr City: Pembroke Park FL Zip Code: 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.</b>					
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 2008/04/03 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> CLAUDE, JOLUETTE <b>STREET ADDRESS</b> 150 W LAKE DR <b>CITY-ST-ZIP</b> HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ROGER DION <b>STREET ADDRESS</b> 32 W LAKE DR <b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GIARD, GUY <b>STREET ADDRESS</b> 111 W LAKE DR. <b>CITY-ST-ZIP</b> HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> PIERRE LAMOREUX <b>STREET ADDRESS</b> 43 W LAKE DR <b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> SAMSON, JOCELYN <b>STREET ADDRESS</b> 175 W. LAKE DR. <b>CITY-ST-ZIP</b> HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> MICHEL GRATTON <b>STREET ADDRESS</b> 51 W LAKE DR <b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> HUGUETTE, PINEL <b>STREET ADDRESS</b> 20 WEST LAKE DR <b>CITY-ST-ZIP</b> PEMBROKE PARK, FL 33009	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GUY, DESJARDINS <b>STREET ADDRESS</b> 194 WEST LAKE DR <b>CITY-ST-ZIP</b> PEMBROKE PARK, FL 33009	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> JEAN GUY BLONDEAU <b>STREET ADDRESS</b> 176 W LAKE DR <b>CITY-ST-ZIP</b> HALLANDALE, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TANGUAY, BERNARD <b>STREET ADDRESS</b> 154 W LAKE DR <b>CITY-ST-ZIP</b> PEMBROKE PARK, FL 33009	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ANDRE LEBOEUF <b>STREET ADDRESS</b> 29 W LAKE <b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2008/04/03 <small>Daytime Phone #</small>		