

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06551

FILED
Apr 02, 2009
Secretary of State

Entity Name: PEMBROKE MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

20 W LAKE DR.
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

20 W LAKE DR.
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BLONDEAU, JEAM G
176 W. LAKE DR.
PEMBROKE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DION, ROGER
Address: 32 W LAKE DR.
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: LAMOUREUX, PIERRE
Address: 43 W LAKE DR.
City-St-Zip: HALLANDALE, FL 33009

Title: VP () Delete
Name: GRATON, MICHAEL
Address: 51 W LAKE DR.
City-St-Zip: HALLANDALE, FL 33009

Title: ST () Delete
Name: HUGUETTE, PINEL
Address: 20 WEST LAKE DR
City-St-Zip: PEMBROKE PARK, FL 33009

Title: P () Delete
Name: BLONDEAU, JEANGUV
Address: 176 US LAKE DR.
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: LEMBOEUF, ANDRE
Address: 29 W LAKE
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DIOTTE, ROLLANDE
Address: 120 W LAKE DR.
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGUETTE PINEL

ST

04/02/2009

Electronic Signature of Signing Officer or Director

Date