

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90110 043 \*\*\*\*61.25

**DOCUMENT # N06551**

1. Entity Name  
**PEMBROKE MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business

**76 WEST LAKE DRIVE  
HALLANDALE FL 33009  
US**

Mailing Address

**76 WEST LAKE DRIVE  
HALLANDALE FL 33009  
US**

2. Principal Place of Business

**163- WEST LAKE DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**163- WEST LAKE DRIVE**

Suite, Apt. #, etc.

City & State

**HALLANDALE, FL-**

City & State

**HALLANDALE, FL-**

Zip

**33009**

Country

**US**

Zip

**33009**

Country

**US**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ASH, LEO P  
76 WEST LAKE DRIVE  
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **CAMIL GUINTA**

Street Address (P.O. Box Number is Not Acceptable)

**163- WEST LAKE DRIVE**

City **HALLANDALE**

**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

*Camil Guinta*

**CAMIL GUINTA**

**23/JAN./03**

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**

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ASH, LEO</b>	
STREET ADDRESS	<b>76 WEST LAKE DRIVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BELANGER, EDOUARD</b>	
STREET ADDRESS	<b>77 W LAKE DR.</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	<b>OK</b>
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DESROCHES, MICHEL</b>	
STREET ADDRESS	<b>91 WEST LAKE DRIVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>GIARD, GUY</b>	
STREET ADDRESS	<b>111 W LAKE DR.</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	<b>OK</b>
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GUINTA, CAMIL</b>	
STREET ADDRESS	<b>163 WEST LAKE DRIVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TERZINI, MARK</b>	
STREET ADDRESS	<b>162 WEST LAKE DRIVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	<b>OK</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMIL GUINTA</b>	
STREET ADDRESS	<b>163- WEST LAKE DRIVE</b>	
CITY-ST-ZIP	<b>HALLANDALE, FL. 33009</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RONALD POTVIN</b>	
STREET ADDRESS	<b>59- WEST LAKE DRIVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL. 33009</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**SIGNATURE REQUIRED.**

**CAMIL GUINTA**

**Pres 23/01/03**

CR2E037 (10/02)