

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001486

FILED
Jul 15, 2008
Secretary of State

Entity Name: PEMBROKE PLACE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

260 95TH STREET SUITE 201
SURFSIDE, FL 33154

New Principal Place of Business:

4800 N. STATE ROAD SEVEN
105
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

260 95TH STREET SUITE 201
SURFSIDE, FL 33154

New Mailing Address:

4800 N. STATE ROAD SEVEN
105
LAUDERDALE LAKES, FL 33319

FEI Number: 20-8645134 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AIZENSTAT, NICOLAS A
8925 COLLINS AVE #11-E
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

GOLDBERG, SHELDON S
4800 N. STATE ROAD SEVEN
105
LAUDERDALE LAKES, FL 33319 US

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: SHELDON GOLDBERG

07/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: AIZENSTAT, NICOLAS A
Address: 8925 COLLINS AVE #11-E
City-St-Zip: SURFSIDE, FL 33154

Title: DV (X) Delete
Name: STRAUCH, FEDERICO M
Address: 19390 COLLINS AVE #1503
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: DS (X) Delete
Name: FAUR, ALBERTO
Address: 2280 KEYSTONE BLVD
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: SAVION, TAL
Address: 3866 SW 48 AVENUE
City-St-Zip: PEMBROKE PARK, FL 33023

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: TAL SAVION

DPTS

07/15/2008

Electronic Signature of Signing Officer or Director

Date