

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morisam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:07

DOCUMENT # **N11627** (9)

1. Corporation Name

CONDOMINIUM OWNERS OF PEMBROKE PINES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13550 SW 10TH STREET
PEMBROKE PINES FL 33027

13550 SW 10TH STREET
PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/17/1985** 3a. Date of Last Report **01/28/1994**

4. FEI Number **59-2564178** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SACHS, PETER S.
ARBEN FINANCIAL CENTER
301 YAMATO ROAD STE 4150
BOCA RATON FL 33431

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Type or print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

2/15/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **FELDMAN, GERALD**
STREET ADDRESS **1151 SW 128TH TERR**
CITY - ST - ZIP **PEMBROKE PINES FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **TD**
NAME **HANN, LUDWIG**
STREET ADDRESS **150 SW 134TH WAY, R-202**
CITY - ST - ZIP **PEMBROKE PINES FL**

2.1 TITLE Change Addition
2.2 NAME **HANN, LUDWIG**
2.3 STREET ADDRESS **801 SW 133RD TERR K 213**
2.4 CITY - ST - ZIP **PEMBROKE PINES, FL**

TITLE **D**
NAME **EVANS, THEODORE**
STREET ADDRESS **13455 SW 3RD ST.**
CITY - ST - ZIP **PEMBROKE PINES FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Signature]
LUDWIG HANN

TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16, 1995 (305) 437-8564

Date

Telephone #