2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90196 043 ****61.25

DOCUMENT # N27771

1. Entity Name
PEMBROOKE HOMEOWNERS ASSOCIATION, INC.

50001282

Principal Place of Business	Mailing Address
2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD, FL 32779	2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD, FL 32779

03282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3014019 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, JAMES W. JR. SENTRY MANAGEMENT, INC. 2180 WEST S.R. 434, SUITE 5000 LONGWOOD, FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD REBARCHAK, BERNIE 2912 LANGELEY PK CT ORLANDO, FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRIEDLAND, MARK 2613 CLEMENTON PARK CT ORLANDO FL 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDERSON, JOHN 2610 TILTON CT ORLANDO, FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RIVAS, JOAQUIN 2619 CLEMENTON PARK CT ORLANDO FL 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LANE, DUANE 7252 SOMERSWORTH DR ORLANDO, FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SOLLARS, RUSS 3004 BARRYMORE CT ORLANDO FL 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELIO, AL 2668 RANGLEY COURT ORLANDO, FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRUNNING, RUSSELL 7815 CANYON LAKE CIR ORLANDO FL 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLOCH, WOLFGANG 2629 TILTON CT ORLANDO, FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAITGE, KAREN 2719 GRETAGREEN CT ORLANDO FL 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUIZ, OSCAR 2628 TILTON CT ORLANDO, FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AIDI, JUDY A 2948 BARRYMORE CT ORLANDO FL 32835	☐ Change ☒ Addition

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.

SIGNATURE: Mark Friedland 4/12/07 (407)290-6672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
5000282

PEMBROOKE HOMEOWNERS ASSOCIATION, INC.
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OFFICERS AND DIRECTORS CONT...

D
LEWIS, PATRICIA
7174 SOMERSWORTH DR
ORLANDO FL 32835