

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N30974

1. Entity Name

PEMBROKE LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

C/O PAUL J. GIRELLO
1641 NW 110TH TERRACE
PEMBROKE PINES FL 33026

Mailing Address

C/O PAUL J. GIRELLO
1641 NW 110TH TERRACE
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0109266

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

GIRELLO, PAUL J
1641 NW 110TH TERRACE
PEMBROKE PINES FL 33026

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

Paul J. Girello Pres.

Paul J. Girello

4/12/05

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
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	GIRELLO, PAUL J	
STREET ADDRESS	1641 NW 110TH TERRACE	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, SHARYN	
STREET ADDRESS	11151 NW 22ND ST.	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERNHARD, ANHA	
STREET ADDRESS	11000 TAFT STREET	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
TITLE	MD	<input type="checkbox"/> Delete
NAME	CENTRELLA, ERNIE	
STREET ADDRESS	10141 NW 21ST. ST.	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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04/18/05-80021-023 61.25

*PG #1001
4/12/05*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Paul J. Girello

Paul J. Girello

4/12/05

954 431-4150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #