

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                  |                                |                                                                                  |                                                       |                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N30974</b><br>1. Entity Name<br><b>PEMBROKE LAKES HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                 |                                |                                                                                  |                                                       |                                                       |  |
| Principal Place of Business<br><b>C/O PAUL J. GIRELLO<br/>1641 NW 110TH TERRACE<br/>PEMBROKE PINES FL 33026</b>                                                                                                                                  |                                |                                                                                  |                                                       | Mailing Address<br><b>C/O PAUL J. GIRELLO<br/>1641 NW 110TH TERRACE<br/>PEMBROKE PINES FL 33026</b>                                    |  |
| 2. Principal Place of Business                                                                                                                                                                                                                   |                                | 3. Mailing Address                                                               |                                                       |                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                              |                                | Suite, Apt. #, etc.                                                              |                                                       |                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                     |                                | City & State                                                                     |                                                       |                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                              |                                | Country                                                                          |                                                       | 4. FEI Number<br><b>65-0109266</b>                                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                        |                                | 1st MOORE CR2E037 (10/05)<br>\$8.75 Additional Fee Required                      |                                                       |                                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                  |                                |                                                                                  |                                                       | 7. Name and Address of New Registered Agent                                                                                            |  |
| <b>GIRELLO, PAUL J<br/>1641 NW 110TH TERRACE<br/>PEMBROKE PINES FL 33026</b>                                                                                                                                                                     |                                |                                                                                  |                                                       | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code       </div> |  |
| 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 <i>Paul J. Girello Pres.</i> <i>Paul J. Girello</i> <i>4/14/06</i><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small> |                                |                                                                                  |                                                       |                                                                                                                                        |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>                                                                                                                                                                                           |                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                       | <b>\$5.00 May Be Added to Fees</b>                                                                                                     |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                         |                                |                                                                                  |                                                       |                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                       |                                |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                            | PD                             | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                           |  |
| NAME                                                                                                                                                                                                                                             | <b>GIRELLO, PAUL J</b>         |                                                                                  | NAME                                                  |                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                   | <b>1641 NW 110TH TERRACE</b>   |                                                                                  | STREET ADDRESS                                        |                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                      | <b>PEMBROKE PINES FL 33026</b> |                                                                                  | CITY-ST-ZIP                                           |                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                            | STD                            | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                           |  |
| NAME                                                                                                                                                                                                                                             | <b>ZIMMERMAN, SHARYN</b>       |                                                                                  | NAME                                                  |                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                   | <b>11151 NW 22ND ST.</b>       |                                                                                  | STREET ADDRESS                                        |                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                      | <b>PEMBROKE PINES FL 33026</b> |                                                                                  | CITY-ST-ZIP                                           |                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                            | VD                             | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                           |  |
| NAME                                                                                                                                                                                                                                             | <b>BERNHARD, ANHA</b>          |                                                                                  | NAME                                                  |                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                   | <b>11000 TAFT STREET</b>       |                                                                                  | STREET ADDRESS                                        |                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                      | <b>PEMBROKE PINES FL 33026</b> |                                                                                  | CITY-ST-ZIP                                           |                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                            | MD                             | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                           |  |
| NAME                                                                                                                                                                                                                                             | <b>CENTRELLA, ERNIE</b>        |                                                                                  | NAME                                                  |                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                   | <b>10141 NW 21ST. ST.</b>      |                                                                                  | STREET ADDRESS                                        |                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                      | <b>PEMBROKE PINES FL 33026</b> |                                                                                  | CITY-ST-ZIP                                           |                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                            |                                | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                           |  |
| NAME                                                                                                                                                                                                                                             |                                |                                                                                  | NAME                                                  |                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                   |                                |                                                                                  | STREET ADDRESS                                        |                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                      |                                |                                                                                  | CITY-ST-ZIP                                           |                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                            |                                | <input type="checkbox"/> Delete                                                  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                           |  |
| NAME                                                                                                                                                                                                                                             |                                |                                                                                  | NAME                                                  |                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                   |                                |                                                                                  | STREET ADDRESS                                        |                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                      |                                |                                                                                  | CITY-ST-ZIP                                           |                                                                                                                                        |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.