

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N30974

1. Entity Name

PEMBROKE LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

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



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

1st MOORE

CR2E037 (10/06)

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

4/10/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: 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

TITLE PD ☐ Delete
NAME GIRELLO, PAUL J
STREET ADDRESS 1641 NW 110TH TERRACE
CITY-STATE-ZIP PEMBROKE PINES FL 33026

TITLE STD ☐ Delete
NAME ZIMMERMAN, SHARYN
STREET ADDRESS 11151 NW 22ND ST.
CITY-STATE-ZIP PEMBROKE PINES FL 33026

TITLE VD ☐ Delete
NAME BERNHARD, ANHA
STREET ADDRESS 11000 TAFT STREET
CITY-STATE-ZIP PEMBROKE PINES FL 33026

TITLE MD ☐ Delete
NAME CENTRELLA, ERNIE
STREET ADDRESS 10141 NW 21ST. ST.
CITY-STATE-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000707407
CITY-STATE-ZIP 04/24/07-80072-012 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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.

SIGNATURE:

Paul J. Girello

4/10/07

954 431-4156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone