

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 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
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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 (10/07)
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 GIRELLO, PAUL J 1641 NW 110TH TERRACE PEMBROKE PINES FL 33026	
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7. Name and Address of New Registered Agent	
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 <i>Paul J. Girello President</i>	DATE <i>4/2/08</i>
NOTE: Registered Agent must be a resident of the State of Florida.	

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIRELLO, PAUL J 1641 NW 110TH TERRACE PEMBROKE PINES FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000831708 04/16/08-20011-012-61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZIMMERMAN, SHARYN 11151 NW 22ND ST. PEMBROKE PINES FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNHARD, ANHA 11000 TAFT STREET PEMBROKE PINES FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CENTRELLA, ERNIE 10141 NW 21ST. ST. PEMBROKE PINES FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.	
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SIGNATURE: <i>Paul J. Girello Pres.</i>	DATE: <i>4/2/08</i>	FILE NO: <i>954-431-4150</i>
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