2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N30974

Entity Name: PEMBROKE LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0109266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIRELLO, PAUL J
Address: 1641 NW 110TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: STD ( ) Delete
Name: ZIMMERMAN, SHARYN
Address: 11151 NW 22ND ST.
City-St-Zip: PEMBOROKE PINES, FL 33026

Title: VD ( ) Delete
Name: BERNHARD, ANHA
Address: 11000 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MD ( ) Delete
Name: CENTRELLA, ERNIE
Address: 10141 NW 21ST. ST.
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J. GIRELLO PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date