

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30974

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**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  
Name: GIRELLO, PAUL J  
Address: 1641 NW 110TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33026

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL J. GIRELLO

PRES

03/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date