

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36134** (7)

1. Corporation Name

**IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 1 ASSO  
CIATION, INC.**



Principal Place of Business <b>10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351</b>	Mailing Address <b>10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351-6925</b>
2. Principal Place of Business <b>3475 Niatos Rd</b>	2a. Mailing Address <b>3475 Niatos Rd</b>
22. City & State <b>SUNRISE FL</b>	27. City & State <b>SUNRISE FL</b>
23. Zip <b>33351</b>	28. Zip <b>33351</b>
24. Country <b>USA</b>	29. Country <b>USA</b>

3. Date Incorporated or Qualified <b>01/17/1990</b>	3a. Date of Last Report <b>02/14/1996</b>
4. FEI Number <b>65-0305210</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>AMORIELLO, PATRICK 10001 WEST OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351</b>	
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10. Name and Address of New Registered Agent <b>Malcolm H. Waldron III 3475 Niatos Rd SUNRISE FL 33351</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Richard Lewis* (NOTE: Registered Agent signature required when reinstating) DATE 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEWIS, RICHARD</b>		1.2 NAME	
STREET ADDRESS <b>403 NW 108TH TERRACE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33026</b>		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BADCHKAM, ELLEN</b>		2.2 NAME	
STREET ADDRESS <b>407 NW 108TH TERRACE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33026</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRIGHAM, KIMBERLY ANN</b>		3.2 NAME	
STREET ADDRESS <b>405 NW 108TH TERRACE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33026</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Lewis* DATE 5/5/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0037929**

CF2E037 (9/96)