FILE NOW: FILING FEE IS \$61.25

NONPROFIT



FILED May 18 1998 8:00am

CORPORATION ANNUAL REPORT		Sandra B. Morth Secretary of State DIVISION OF CORPORA		y of State	Secretary o	of State
	1998 MENT #	N36134	_ 	OHPOHATIONS	_	
IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 1 ASSO CIATION, INC.				ASSO		
Principal Place of Business Mailing Address						erdii didii didii Bidii Bibii didii 168f
A & M PROPERTY"MGT 8476-HATUS_BD 8UNNISE_FL-83351 US		A-8-M-PROPERTY-MGT 3475-HATUS-RD SUMMISE IL 33351		3. Date Incorporated or Qualified 01/17/1990 4. FEI Number	Applied For Not Applicable	
2. Principal P	lace of Business		2a. Mailing Address		65-0305210	60.75
21 Uritte	L. Commu	nity mant	26 United Conn Suite, Apt. #, etc.	aunity mani	Certificate of Status Desired Election Campaign Financing	\$8.75 Additional Fee Required \$5.00 May Be
22 3300		Ly D: #405	27 3300 Univer	sity Dx #40		Added to Fees
City & State		15, FI.	City & State 28 Coval So	nms, Fl	7. Is this nonprofit corporation a home	es No
Zip 24 330	265	Jountry USA	^{Zip} 333065	Country	 This corporation owes or has paid the Personal Property Tax due June 30 	
		Address of Current I		301 (2017	10. Name and Address of New Regis	
WALDRON, # 14 H SATS HIATUS RD SUNNISE FL 33351 83 LL LOS 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits whis statement for the purpose of changing its registered.						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits his 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 condoration'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 UNITES Comm. Mor Comm.						
		ted name of registered agent	and title if applicable. {NOTE	Registered Agent signature re-		DATE / - T ()
12. TITLE	PD	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	LEWIS, RICH	ARD		1.2 NAME		C Change T Monton 1
STREET ADDRESS	403 NW 108			1.3 STREET ADDRESS		j
CITY-ST-ZIP		PINES FL 33026		1.4 CITY - ST - ZIP		j
TITLE	SD		☐ DELETE	2.1 TITLE		Change Addition
NAME	BADCHKAM,			2.2 NAME		<u> </u>
STREET ADDRESS	407 NW 108			2.3 STREET ADDRESS		
CITY-ST-ZIP	TD	PINES FL 33026	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	. •	MBERLY ANN		3.2 NAME		C Standy C Mankan
STREET ADDRESS		TH TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE	PINES FL 33026		3.4. CITY-ST-ZIP		
TITLE			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
HAME				4. 2 NAME		ł
STREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 City-St-Zip		
TITLE			☐ DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		_ ,
STREET ADDRESS				5.3 STREET ADDRESS		
CFTY-ST-ZIP	<u> </u>			5.4 CITY-ST-ZIP		
MILE			☐ DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		1

Crty-St-ZiP

14. I 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, for on an attachment with an address.

Daytime Phone 9 0038343