## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # N37297 02-25-2005 90156 012 \*\*\*\*61.25 PANÁCHE AT THE LANDINGS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address % ANH MANANAGEMENT CO 10516 SW 12 MANOR JUNIJALL PEMBROKE PINES, FL 33025 310 MCKINLEY STR. HOLLYWOOD, FL 33019 2. Principal Place of Business 3. Mailing Address Manos 10595 Sw Suite, Apt. #, etc. Suite, Apt. #, etc. 02082005 Chg-NP CR2E037 (10/03) Pembrolle Pines City & State 4. FEI Number 65-0197884 Applied For Not Applicable Country Zip Country 3 302 S \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Joseph L. Schneider HIRSCH, ELLEN G E Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, PA 3111 STIRLING RD FT LAUDERDALE, FL 3312 Suite 1820 Holly wood <u>33620</u> ubmits 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 8. The above named entire the obligations of regi ed agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) d name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. . Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Defete TITLE Change ☐ Addition STARBUCK, DONALD NAME STREET ADDRESS 10516 SW 12TH MANOR STREET ADDRESS PEMBROKE PINES, FL 33025 CITY-ST-ZIP CITY-ST-ZIP DS TITLE ☐ Delete TITLE Change ■ Addition CABALLERO, RAQUEL NAME NAME 10596 SW 12 MANOR STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33025 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME HESSE, PETER NAME STREET ADDRESS 10596 SW 12 MANOR STREET ADDRESS PEMBROKE PINES, FL 33025 CITY-ST-ZIP CITY-ST-ZIP D. TITLE Delete Change ☐ Addition HUE, JULIET NAME NAME STREET ADDRESS 925 SW 102 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP 12. 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 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. 2003 SIGNATURE: AND TYPED OR PRINTED NAI Daytime Phone #

FILED

Feb 25, 2005 8:00 am