

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90005 006 ****61.25

DOCUMENT # N37550

1. Entity Name
PEMBROKE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**12567 S.W. PEMBROKE CIR. SOUTH
LAKE SUZY, FL 34266**

Mailing Address
**12567 SW PEMBROKE CIR N
ARCADIA, FL 34269 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIEGEL, GLEN
17825 MURDOCK CIR STE A
STE A
PORT CHARLOTTE, FL 33948**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COLWELL, FRED	
STREET ADDRESS	12567 SW PEMBROKE CIR. N	
CITY-ST-ZIP	LAZY SUZY, FL 34269	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DAIGLE, FRED	
STREET ADDRESS	12567 SW PEMBROKE CIRCLE N	
CITY-ST-ZIP	LAZY SUZY, FL 34269	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SCHNECKLOTH, JACK	
STREET ADDRESS	12567 SW PEMBROKE CIRCLE N	
CITY-ST-ZIP	LAZY SUZY, FL 34269	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Ellwood, SEAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12567 SW PEMBROKE CIR N	
STREET ADDRESS	LAKE SUZY FL 34269	
CITY-ST-ZIP	DIRECTOR	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip NEWMAN	
STREET ADDRESS	12567 SW PEMBROKE CIR N	
CITY-ST-ZIP	LAKE SUZY FL 34269	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-07 941-235-3989

Date

Daytime Phone #