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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37984 (4)
1. Corporation Name IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 2 ASSO CIATION, INC.

Principal Place of Business 10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351	Mailing Address 10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351-6925
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2. Principal Place of Business 21 3475 Niatus Rd Suite, Apt. #, etc. 22	2a. Mailing Address 26 3475 Niatus Rd Suite, Apt. #, etc. 27
City & State 23 Sunrise FL	City & State 26 Sunrise FL
Zip 24 33351	Country 25 USA
Zip 29 33351	Country 30 USA

9. Name and Address of Current Registered Agent WALDRON, MALCOLM H. 10001 W. OAKLAND PARK BLVD. STE. 300 SUNRISE FL 33351

3. Date Incorporated or Qualified 05/02/1990	3a. Date of Last Report 06/18/1996
4. FEI Number 65-0220169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name Malcolm H. Waldron, III 82 Street Address (P.O. Box Number is Not Acceptable) 83 3475 Niatus Rd 84 City Sunrise FL 85 33351
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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  (NOTE: Registered Agent signature required when reinstating) DATE 5/28/97

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MCGOVERN, TERRY
STREET ADDRESS	517 NW 108TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	VD <input type="checkbox"/> DELETE
NAME	DUDAS, BETH ANN
STREET ADDRESS	519 NW 108TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	SD <input type="checkbox"/> DELETE
NAME	DELGROSSO, THOMAS
STREET ADDRESS	521 NW 108TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	TD <input type="checkbox"/> DELETE
NAME	BEESING, CHARLES
STREET ADDRESS	5530 SW 109TH AVE.
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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  (NOTE: Registered Agent signature required when reinstating)

CR2E037 (9/96)