

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham,</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38097 (4)**  
1. Corporation Name  
**THE TRAILS OF PEMBROKE PINES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>% DNS PORPERTY MANAGEMENT, INC. 4800 S. DAVIE RD., SUITE 103 DAVIE FL 33314</b>		Mailing Address <b>% DNS PORPERTY MANAGEMENT, INC. 4800 S. DAVIE RD., SUITE 103 DAVIE FL 33314</b>		3. Date Incorporated or Qualified <b>05/11/1990</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		4. FEI Number <b>65-0294373</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>		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>NACHMAN, IRVIN W 4441 STIRLING RD. FT. LAUDERDALE FL 33314</b>			
81 Name		10. Name and Address of New Registered Agent			
82 Street Address (P.O. Box Number is Not Acceptable)		83			
84 City		85 Zip Code <b>FL</b>			

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	PD GARCES, ERNESTO 20430 S.W. 53 PLACE FT. LAUDERDALE FL 33332	<input type="checkbox"/> DELETE	
NAME	VD ZEIL, KAREN M 5240 SW 202 AVENUE FT. LAUDERDALE FL 33332	<input type="checkbox"/> DELETE	
STREET ADDRESS	TD BROUSSEAU, REJEANNE 20521 S.W. 54 PLACE FT. LAUDERDALE FL 33332	<input checked="" type="checkbox"/> DELETE	
CITY-ST-ZIP	SD LOMBARDI, DIANA 20500 S.W. 53 MANOR FT. LAUDERDALE FL 33332	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, or on an attachment with an address.

SIGNATURE: *Ernesto Garces* **Ernesto Garces** 4/28/98 (954) 442-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036548

CR2E037 (10/97)