

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38097

1. Entity Name

THE TRAILS OF PEMBROKE PINES HOMEOWNERS ASSOCIAT

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90341 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% DNS PORPERTY MANAGEMENT, INC.  
4800 S. DAVIE RD., SUITE 103  
DAVIE FL 33314

% DNS PORPERTY MANAGEMENT, INC.  
4800 S. DAVIE RD., SUITE 103  
DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0294373

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

NACHMAN, IRVIN W  
4441 STIRLING RD.  
FT. LAUDERDALE FL 33314

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ZIEL, KAREN M  
5240 S.W. 202 AVENUE  
FT. LAUDERDALE FL 33332 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
BERGERON, LONNIE N  
20400 S.W. 51 STREET  
FT. LAUDERDALE FL 33332 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HORTON, ZONA  
20513 S.W. 52 MANOR  
FT. LAUDERDALE FL 33332 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
LOMBARDI, DIANA  
20500 S.W. 53 MANOR  
FT. LAUDERDALE FL 33332 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
CURD, JOHN  
20400 S.W. 53 PLACE  
FT. LAUDERDALE FL 33332 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

*Michael DeQuince*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

Date

954-680-1988

Daytime Phone #

CR2E037 (10/00)