

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38097

1. Entity Name

THE TRAILS OF PEMBROKE PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

% 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERGERON, LONNIE N 20400 S.W. 51 STREET FT. LAUDERDALE FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, ZONA 20513 S.W. 52 MANOR FT. LAUDERDALE FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOMBARDI, DIANA 20500 S.W. 53 MANOR FT. LAUDERDALE FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURD, JOHN 20400 S.W. 53 PLACE FT. LAUDERDALE FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90164 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZIEL, KAREN M	
STREET ADDRESS	5240 S.W. 202 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BERGERON, LONNIE N	
STREET ADDRESS	20400 S.W. 51 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORTON, ZONA	
STREET ADDRESS	20513 S.W. 52 MANOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOMBARDI, DIANA	
STREET ADDRESS	20500 S.W. 53 MANOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CURD, JOHN	
STREET ADDRESS	20400 S.W. 53 PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	
TITLE	APPROVED	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	PAID	
CITY-ST-ZIP	CHECK 076	
	DATE 1/26/02	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MacLauchlan, Patrice	
STREET ADDRESS	20106 SW 54 PL	
CITY-ST-ZIP	Pembroke Pines FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geithaus, Thomas	
STREET ADDRESS	20200 SW 54 PL	
CITY-ST-ZIP	Pembroke Pines FL 33332	
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		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
B0052942

DO NOT WRITE IN THIS SPACE

93

3/15/01

954-816-4969