

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

05-10-2004 90466 007 ****61.25
03-12-2004 90015 010 ****61.25

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04212004 Chg-NP CR2E037 (10/03)

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 4350 SW 59 Ave Suite, Apt., etc. Bldg A City & State DAVIE FL Zip 33314 Country Broward		3. Mailing Address 4350 S.W. 59 Ave Suite, Apt. #, etc. Bldg A City & State DAVIE, FL Zip 33314 Country Broward		4. FEI Number 65-0294373 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent NACHMAN, IRVIN W 4441 STIRLING RD. FT. LAUDERDALE, FL 33314	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURD, JOHN <input type="checkbox"/> Delete 20400 S.W. 53RD PLACE FORT LAUDERDALE, FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERGERON, LONNIE N <input type="checkbox"/> Delete 20400 S.W. 51 STREET FT. LAUDERDALE, FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOMBARDI, DIANA <input type="checkbox"/> Delete 20500 S.W. 53 MANOR FT. LAUDERDALE, FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GELTHAS, TOM <input type="checkbox"/> Delete 20220 S.W. 54TH PLACE FORT LAUDERDALE, FL 33332		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"/> 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"/> Delete		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: <u>John M. Curd</u> 6/28/04 "954-680-1980" <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					