

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38097

FILED
Jun 24, 2009
Secretary of State

Entity Name: THE TRAILS OF PEMBROKE PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4350 SW 59 AVE - BLDG A
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4350 SW 59 AVE - BLDG A
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0294373 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BERGERON, LONNIE N
Address: 20400 S.W. 51 STREET
City-St-Zip: FT. LAUDERDALE, FL 33332

Title: SD () Delete
Name: LOMBARDI, DIANA
Address: 20500 S.W. 53 MANOR
City-St-Zip: FT. LAUDERDALE, FL 33332

Title: DP () Delete
Name: BREIG, JAMES
Address: 20336 SW 54 PL
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: DT () Delete
Name: LYSFJORD, HANS
Address: 20242 SW 52 PL
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: VP () Delete
Name: CRANDON, FRANK
Address: 20406 SW 54 PL
City-St-Zip: FORT LAUDERDALE, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA LOMBARDI

SD

06/24/2009

Electronic Signature of Signing Officer or Director

Date