

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42035 (8)

1. Corporation Name

IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 19 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10001 W. OAKLAND PARK BLVD.
SUITE 300
SUNRISE FL 33351
US

10001 W. OAKLAND PARK BLVD.
SUITE 300
SUNRISE FL 33351
US



3. Date Incorporated or Qualified

02/11/1991

3a. Date of Last Report

05/10/1995

4. FEI Number

65-0287856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMORIELLO, PATRICK
10001 W. OAKLAND PARK BLVD.
SUITE 300
SUNRISE FL 33351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME HILL, BRIAHN
STREET ADDRESS 10819 NW 3 COURT
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE VD ☐ DELETE

NAME STEPHENS, JAMES
STREET ADDRESS 10815 N.W. 3RD COURT
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE STD ☐ DELETE

NAME TORRALBA, JULIO
STREET ADDRESS 10803 N.W. 3RD COURT
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D ☐ DELETE

NAME MARGARITA, CAMILA
STREET ADDRESS 10817 N.W. 3RD COURT
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

Monzon, Carlos Garcia

10819 NW 3rd Court

Pembroke Pines, FL 33026

P/D

Stephens, James

10815 NW 3rd Court

Pembroke Pines, FL 33026

☐ Change

☒ Addition

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☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

435-2447

CR2E037 (12/95)