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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N42479

(8)

IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 5 ASSO CIATION, INC.

Principal Place	Mailing Address	ddress				- I DODINION OIN DIDIO TIUNI OKONI NODIO NOKI OIDAN ONDIN ONDIN DIDIN DIDIN DIDIN DIDIN						
10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351			10001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351									
									3. Date Incorporated or Qualified 03/08/1991			est Report /1995
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	<u>'</u>		Applied For
21				26					65-0249403 Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			75 Additional
City & State			27	City & State							ee Required	
23)			28	¬ ·				Election Campaign Financing Trust Fund Contribution			.00 May Be	
Zip	Country		Zip		Country				This corporation has liability for i	ntanoible ta		
24	25			30			-		Fiorida Statutes			
Name and Address of Curren			Regi					10. Name and Address of New Registered Agent				
						81	Name	l				
AMORIELLO, PATRICK						82	Street	et Address (P.O. Box Number is Not Acceptable)		e)		
10001 West Oakland Park Blvd.							• · · • · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	·		WALE 18
SUITE 300						83						
SUNRISE	E FL 33351					84	City				85	Zip Code
11 Dura cont t	a the succiole	no of Costana C17 0000		17.1500 FL 1.01.1.1		L.I				FL.	1	<u> </u>
or register	ed agent, or t	ootn, in the State of Florida	a Suc	h change was authorizi	ed by the	ove-r corpa	named or pration's	corporation s board of	n submits this statement for the purp f directors. I hereby accept the appo	oose of cha intment as i	nging it reaister	s registered office red agent. I am
familiar wit	th, and accep	t the obligations of, Sectio	n 617	.0503, Florida Statutes	i.	•						
SIGNATURE _	Supative typed a	r printed name of registered agent as	ad titla di	augle was Alio	 TE Registere		t also at a s					
12.	oig latere, typed o	OFFICERS AND			13.		t signamine i	recipies wee	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIREC	TORS IN 12
TITLE	PD			DELETE	1.1 T			T	7,0,7,10,10,0,17,10,0,17,1		Chang	
NAME		SSO, CAROLYN			1.2 N	AME					71 4	
STREET ADDRESS		108TH TERRACE					ADDRESS					
CITY-ST-ZIP		KE PINES FL 33026			ŀ	ITY - 5						
TITLE	VD			XXELETE	217			P/	ח		Chang	e 🛛 Addition
NAME	STRUMP	. Greg			22 N	AME			ck, Barbara			_
STREET ADDRESS		108TH TERRACE			238	TREET	ADDRESS	80	3 NW 108th Terr	ace		
CITY-ST-ZIP		KE PINES FL 33026			2 4 0	CITY - S	IT - ZIP	,	mbroke Pines, F		026	
TITLE	SD			DELETE	3 1 T			s/			Chang	je 😡 Addition
NAME	CROWLE	Y, TRACY			32 N	AME		1 .	ch, Tina Marie			· 23
STREET ADDRESS		108TH TERRACE			33S	TREET	ADDRESS		5 NW 108th Terr	ace		
C-TY-ST-ZIP	PEMBRO	KE PINES FL 33026			3 4. 0) TY - S	T-7IP	Pa	mbroke Pines, F	1	026	
TITLE	TD			DELETE	4 1 T	TLE		Te.	amroke rines, r	TI - 3	Chang	e 🔲 Addition
NAME	COBY, P				4 21	IAME						
STREET ADDRESS		Lingten dr.			435	THEFT	ADDRESS					
CITY-ST-ZIP	PEMBRO	KE PINES FL 33026				ITY - S	T-7IP					
TITLE				DELETE	5 1 T] Chang	e Addition
NAME					5 2 N	AME						
STREET ADDRESS					53S	TREET	ADDRESS					
CITY - ST - ZIP					_	ITY-\$	T - ZIP					
TIFLE				DELETE	61 T			}] Chang	e 🔲 Addition
NAME					6 2 N							
STREET ADDRESS					635	TAFET	ADDRESS					
CITY-ST-ZIP	u oordifi dhat t	he information a section of	at. ab	FILE	64C	TY-S	T-ZIP					

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. Ydarla

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

Daytinie Phone #

CR2E037 (12/95)