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NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N42481** (4)

1. Corporation Name

**IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 6 ASSO  
CIATION, INC.**



Principal Place of Business

Mailing Address

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

3a. Date of Last Report

05/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

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 the incorporator

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD  
ORTIZ, RAYMOND  
10807 NW 8TH ST.  
PEMBROKE PINES FL 33026

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VD  
MOORE, LEROY  
10801 NW 8TH ST.  
PEMBROKE POINTE FL 33026

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

SDT  
ANDRADE, JUNE  
10803 NW 8TH ST.  
PEMBROKE PINES FL 33026

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

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SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

741-4664

Date:

Daytime Phone #

CR2E037 (12/95)