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FILED

May 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 3335110001 W. OAKLAND PARK BLVD.  
SUITE 300  
SUNRISE FL 33351-69253. Date Incorporated or Qualified  
03/08/19913a. Date of Last Report  
02/14/19964. FEI Number  
65-0249402Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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 3335181 Name Malcolm H Walden II  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 3475 Hiatus Rd  
84 City Sunrise  
85 FL 33351

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME ORTIZ, RAYMOND  
STREET ADDRESS 10807 NW 8TH ST.  
CITY - ST - ZIP PEMBROKE PINES FL 330261.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE VD ☐ DELETE  
NAME MOORE, LEROY  
STREET ADDRESS 10801 NW 8TH ST.  
CITY - ST - ZIP PEMBROKE POINTE FL 330262.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE SDT ☐ DELETE  
NAME ANDRADE, JUNE  
STREET ADDRESS 10803 NW 8TH ST.  
CITY - ST - ZIP PEMBROKE PINES FL 330263.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/97  
Daytime Phone # 0037897

CR2E037 (9/96)