## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name N43508

(3)

IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 18B AS

SOCIATION, INC.					
Principal Place of Business Mailing Address			T DE BELLEN EN BELLE BELLE BELLE I METER F	ÖLL SABIK OYDIG OLDIL OLDER BUSKY OLDIR EDDI	
10001 W. OAKLAND PARK BLVD.		BLVD.			
A' an On all Mall A' an On			seed Max	3. Date Incorporated or Qualified 05/21/1991	3a. Date of Last Report 02/26/1996
2. Pino (21)	1900 of Business To Rd	26 St Stores	ATUS RO	4. FEI Number 65-0294527	Applied For Not Applicable
Suite, Apt.		Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
23 DUNK	Use 7L	26 OVY RI	se FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<sup>Z10</sup> 33	35/ 25 Cognity SA	29 33351	so Country STA		Yes 🗆 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Res	Jistered Agent
10001 W. OAKLAND PARK BLVD.				Iress (P.O. Box Number is Not Acceptab	Iden TT
SUITE 300 [83] ( 34]				15 WATUS	$\mathcal{C}(\mathcal{C}_{\mathcal{A}})$
Į.	E FL 33351		84 SU	nRISE	FL 1535
11. Pursuant office or	to the provisions of Sections 617.0502 registered egent, or both, in the State of	and 617.1508, Florida Statute Florida, Such change was a	es, the above-named cor authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
Į.	am tanalilar with amb account the obligati	ons of, Section 617.0503, Fig	orida Statutes.	4/	28/2
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTI	Registered Agent signature requ	lired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PÖ	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, B.		1.2 NAME		•
STREET ADDRESS	10829 NW 3RD CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	DAVIES, S.		22 NAME		
STREET ADDRESS	10823 NW 3RD CT.		2.3 STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES FL 33026	DELETE	2.4 CITY-SY-ZIP		Change Addition
TITLE	SD BDOUGH B	☐ htruit	3.1 TITLE		CT CHANGE CT MODITION
NAME	BROWN, B.		3.2 NAME		
STREET ADDRESS	10825 NW 3RD CT. PEMBROKE PINES FL 33026		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
CHY-ST-ZIP TITLE	TD	DELETE	4.1 TITLE		Change Addition
NAME	CHIN-SANG, R.	Land Perceive	4. 2 NAME		Print accounts #444 contention
STREET ADDRESS	10821 NW 3RD CT.		4.3 STREET ADDRESS		•
CITY - ST - 7IP	PEMBROKE PINES FL 33026		4.4 CITY-ST-ZIP		
TITLE	I EMPLIONE I RILO I E GOVEO	DELETE	5.1 TITLE		Change Addition
NAME		,	5.2 NAME		
STREET AUDRESS					
I STREET WITH BESS			5.3 STREET ADDRESS		

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 Bloc

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

TITLE

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition

**FILED** 

May 19 1997 8:00am

Secretary of State