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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002263 (2)**

1. Corporation Name

IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 64 ASSOCIATION, 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 33351-6925	
2. Principal Place of Business		2a. Mailing Address	
24 3475 HIATUS Rd		26 3475 HIATUS Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 SUNRISE FL		28 SUNRISE FL	
Zip		Zip	
24 33351		29 33351	
County		County	
25 USA		30 USA	

3. Date Incorporated or Qualified 05/18/1993	3a. Date of Last Report 02/14/1996
4. FEI Number 65-0220173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
AMORIELLO, PATRICK 1001 W. OAKLAND PARK BLVD. SUITE 300 SUNRISE FL 33351	

10. Name and Address of New Registered Agent	
81 Name	Malcolm H. Waldron III
82 Street Address (P.O. Box Number is Not Acceptable)	
83	3475 HIATUS Rd
84 City	SUNRISE
85 Zip	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 _____ DATE **6/18/97**

12. OFFICERS AND DIRECTORS	
TITLE	PD REIS
NAME	MALE, DENISE
STREET ADDRESS	123 N.W. 108TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	VPD
NAME	NAVARRETTE, GLORIA
STREET ADDRESS	125 N.W. 108TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	SD
NAME	MCCARTHY, PEARL
STREET ADDRESS	127 N.W. 108TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	TD
NAME	CASTRO, RAFAEL
STREET ADDRESS	129 N.W. 108TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	REIS, DENISE
1.3 STREET ADDRESS	123 NW 108 Avenue
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33026
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	

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 unchanged, or on an attachment with an address.

CR2E037 (9/96)