

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002945

FILED  
Mar 29, 2009  
Secretary of State

**Entity Name:** LAKE PEMBROKE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12994 SW KINGSWAY CIRCLE  
LAKE SUZY, FL 34269

**New Principal Place of Business:**

12870 SW PEMBROKE CIRCLE N  
LAKE SUZY, FL 34269

**Current Mailing Address:**

P.O. BOX 494624  
PORT CHARLOTTE, FL 339494624

**New Mailing Address:**

PMB 42 2200 KINGS HIGHWAY 3L  
PORT CHARLOTTE, FL 33980

**FEI Number:** 65-6069583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
6230 UNIVERSITY PARKWAY, SUITE 204  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COLAGIOVANNI, JERRY  
Address: 12870 SW PEMBROKE CIR N  
City-St-Zip: LAKE SUZY, FL 34269 US

Title: T ( ) Delete  
Name: HUBER, LARRY  
Address: 12994 SW KINGSWAY CIR  
City-St-Zip: LAKE SUZY, FL 34269

Title: VP/S ( ) Delete  
Name: VANSLAMBROUCK, JIM  
Address: 12874 SW KINGSWAY CIR  
City-St-Zip: LAKE SUZY, FL 34269

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/S (X) Change ( ) Addition  
Name: VAN SLAMBROUCK, BARBARA  
Address: 12874 SW KINGSWAY CIR  
City-St-Zip: LAKE SUZY, FL 34269

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA VAN SLAMBROUCK

VP/S

03/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date