

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005490 (7)

1. Corporation Name
PEMBROKE ISLES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8190 STATE ROAD 84
DAVIE FL 33324
US

Mailing Address

8190 STATE ROAD 84
DAVIE FL 33324
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/04/1994		02/01/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0572294		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATSKY, MORRIS 700 N.W. 107TH AVE. MIAMI FL 33172				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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	P DPT
NAME	LLANO, FRANK	1.2 NAME	MITCHELL COX
STREET ADDRESS	8320 N.W. 27TH PLACE	1.3 STREET ADDRESS	8190 STATE RD # 84
CITY-ST-ZIP	SUNRISE FL 33322	1.4 CITY-ST-ZIP	DAVIE, FL 33324
TITLE	DV	2.1 TITLE	VP DV
NAME	AMANN, DEAN	2.2 NAME	ANTHONY SEGUNDO
STREET ADDRESS	8320 N.W. 27TH PLACE	2.3 STREET ADDRESS	8190 STATE RD # 84
CITY-ST-ZIP	SUNRISE FL 33322	2.4 CITY-ST-ZIP	DAVIE, FL 33324
TITLE	DS	3.1 TITLE	ST DS
NAME	REGISTER, BETTY	3.2 NAME	BETTY REGISTER
STREET ADDRESS	8320 N.W. 27TH PLACE	3.3 STREET ADDRESS	8190 STATE RD # 84
CITY-ST-ZIP	SUNRISE FL 33322	3.4 CITY-ST-ZIP	DAVIE, FL 33324
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *[Signature]* M. F. HELL A. COX

2-23-96 (954) 370-0003

CR2E037 (12/95)