


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005490 (7)**  
1. Corporation Name

**PEMBROKE ISLES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
% PROPERTY MANAGEMENT RESOURCES 4000 S. 57 AVENUE, SUITE 101 LAKE WORTH FL 33463 US	% PROPERTY MANAGEMENT RESOURCES 4000 S. 57 AVENUE, SUITE 101 LAKE WORTH FL 33463 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	11/04/1994
4. FEI Number	65-0572284
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30,	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
WATSKY, MORRIS 700 N.W. 107TH AVE. MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name SUSAN P. BAKALAH PA
82 Street Address (P.O. Box Number is Not Acceptable)
83 2240 SW 70th AVENUE, SUITE D
84 City DAVIE FL 85 Zip Code 33324

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 Susan P. Bakalah Susan P. Bakalah President 3/7/98  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	BOY MITCHELL
STREET ADDRESS	8100 STATE RD. #84
CITY - ST - ZIP	DAVIE FL 33324
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	GENAO, ANTHONY
STREET ADDRESS	8100 STATE RD. #84
CITY - ST - ZIP	DAVIE FL 33324
TITLE	DST <input type="checkbox"/> DELETE
NAME	BLAIR, GREG
STREET ADDRESS	8190 STATE RD., #84
CITY - ST - ZIP	DAVIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Torey Eisenman
1.3 STREET ADDRESS	8190 State Road 84
1.4 CITY - ST - ZIP	Davie, Florida 33324
2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Scott Woodrey
2.3 STREET ADDRESS	8190 State Road 84
2.4 CITY - ST - ZIP	Davie, Florida 33324
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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, or on an attachment with an address.

SIGNATURE: Torey Eisenman **REQUIRED**

3/11/98

CR2E037 (10/97)