Jul 12 99 09:07a

05131999-90040-008-$61.25-$61.25

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90040 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005490 olc

1. Corporation Name
PEMBROKE ISLES HOA, INC

590479 - 90009 - 35

Principal Place of Business
1401 nw 169 Ave.
Pembroke Pines, Fl.
33326

Mailing Address
14275 SW 142 Avenue
miami, Fl. 33186

cr 1423 3-23-99

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1189 Sawgrass Corp Pky
Suite, Apt. #, etc.
27 Sunrise
City & State
28 Sunrise FL 33323
Zip 29 33323 Country 30 Broward

3. Date Incorporated or Qualified 11/4/1994
4. FEI Number 65-0572284 Applied For / Not Applicable
5. Certificate of Status Desired $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees

7. Name and Address of Current Registered Agent
Bakalar, Susan P. PA
200 NW 70th Ave Ste D
2240 SW 70th Ave Ste 100
Davie, FL 33317

10. Name and Address of New Registered Agent
81 Name Susan P. Bakalar, PA
82 Street Address (P.O. Box Number is Not Acceptable) 2240 SW 70 Avenue Suite D.
83
84 City Davie. FL 85 Zip Code 33317-3172

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 Bakalar SUSAN P BAKALAR DATE 4/28/1999
Signature, typed or printed name of registered agent and title if applicable. (STATE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	
NAME	President	
STREET ADDRESS	Threy Eisenman	
CITY-ST-ZIP	8190 State Road 84	
	Davie, Fl. 33324	
TITLE	VP	
NAME	Vice President	
STREET ADDRESS	Garrick Hart	
CITY-ST-ZIP	8190 State Road 84	
	Davie, Fl. 33324	
TITLE	T	
NAME	Treasurer	
STREET ADDRESS	Ann Blackwell	
CITY-ST-ZIP	8190 State Road 84	
	Davie, Fl. 33324	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (# 12)	Change / Addition
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	
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	

CR2E031 (11/98)

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, with all other like empowered.

SIGNATURE: X [signature] 4/28/99 Date 95-4320003
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR