

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90012 040 ****61.25

DOCUMENT # N94000005490					
1. Entity Name PEMBROKE ISLES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1401 NW 169 AVE PEMBROKE PINES, FL 33328			Mailing Address 7805 SW 6 COURT PLANTATION, FL 33324		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0572294	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINBERG, STEVEN A ES FRANK, EFFNAN, WEINBERG & BLACK 7805 SW 6TH COURT FORT LAUDERDALE, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRICENO, NESTOR 16741 NW 18 STREET PEMBROKE PINES, FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARR, LARRY J 1261 NW 187 AVENUE PEMBROKE PINES, FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP MAY, BOB 1339 NW 167 AVE PEMBROKE PINES, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP ZOLTAN KOVACS 1468 NW 170 TERRACE PEMBROKE PINES FL 33028 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAYOSO, JUAN CARLOS 16922 NW 19 STREET PEMBROKE PINES, FL 33028	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATRICIA GERVELINO 17052 NW 22 STREET PEMBROKE PINES FL 33028 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANTOS, DRESTES 19754 NW 13 STREET PEMBROKE PINES, FL 33028	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JUAN CARLOS GAYOSO 16922 NW 19 STREET PEMBROKE PINES FL 33028 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> 1-24-05					
SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					