

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **NA5060003507**
1. Corporation Name
The Pembroke Pines Villagers, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **July 24, 1995** 3a. Date of Last Report **Feb. 1996**

2. Principal Place of Business 21 6700 S.W. 13 St. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 841004 Suite, Apt. #, etc.	4. FEI Number 65-0596090 Applied For Not Applicable
22 Pembroke Pines, FL City & State	27 Pembroke Pines, FL City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 33023 Zip	28 U.S.A. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 33023 Zip	25 U.S.A. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

Buck Timperio
7110 S.W. 13 St.
Pembroke Pines, FL 33023

10. Name and Address of New Registered Agent

81 Name **Eileen Lineback**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **6440 S.W. 3 Court**
84 City **Pembroke Pines, FL** 85 **33023**

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 *Eileen M. Lineback* **July 10, 1997**
(NOTE: Registered Agent signature required when nonstatutory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Hilton	12 NAME	Randy Arrowsmith
STREET ADDRESS	6770 S.W. 9 St.	13 STREET ADDRESS	300 S.W. 67 Terrace
CITY-ST-ZIP	Pembroke Pines, FL 33023	14 CITY-ST-ZIP	Pembroke Pines, FL 33023
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kit Jordan	22 NAME	James R. Brown
STREET ADDRESS	7030 S.W. 10 Court	23 STREET ADDRESS	6711 S.W. 5 St.
CITY-ST-ZIP	Pembroke Pines, FL 33023	24 CITY-ST-ZIP	Pembroke Pines, FL 33023
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flo St. Louis	32 NAME	Eileen Linebach
STREET ADDRESS	6611 S.W. 6 St.	33 STREET ADDRESS	6440 S.W. 3 Court
CITY-ST-ZIP	Pembroke Pines, FL 33023	34 CITY-ST-ZIP	Pembroke Pines, FL 33023
TITLE	<input type="checkbox"/> DELETE	41 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	Scott Whitney
STREET ADDRESS		43 STREET ADDRESS	6607 S.W. 2 Court
CITY-ST-ZIP		44 CITY-ST-ZIP	Pembroke Pines, FL 33023
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	700002255097
STREET ADDRESS		63 STREET ADDRESS	-08/01/97--01056--026
CITY-ST-ZIP		64 CITY-ST-ZIP	***61.25

14. I do 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: *Scott Whitney* **July 10, 1997** (954)989-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Scott Whitney, Treasurer

CR2E037 (9/96)