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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003507 (9)**

1. Corporation Name

PEMBROKE PINES VILLAGERS, INC.

Principal Place of Business

**6700 S.W. 13TH STREET
PEMBROKE PINES FL 33023**

Mailing Address

**P.O. BOX 841004
PEMBROKE PINES FL 33084**

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

25
Suite, Apt. #, etc.

26
City & State

27
Zip

28
Country

g. Name and Address of Current Registered Agent

**LINEBACK, EILEEN
8440 S.W. 3 COURTET
PEMBROKE PINES FL 33023**

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

65-0596090

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HILTON, RICHARD	
STREET ADDRESS	6770 S.W. 9 ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JORDAN, KIT	
STREET ADDRESS	7030 S.W. 10 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ST. LOUIS, FLO	
STREET ADDRESS	6811 S.W. 6 ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ARROWSMITH, RANDY	
STREET ADDRESS	300 S.W. 67 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JAMES R	
STREET ADDRESS	6711 S.W. 5 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LINEBACK, EILEEN	
STREET ADDRESS	8440 S.W. 3 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James R. Brown	
1.3 STREET ADDRESS	6711 S.W. 5 St.	
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33023	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Randy Arrowsmith	
2.3 STREET ADDRESS	300 S.W. 67 Terrace	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33023	

3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Buck Timperio	
3.3 STREET ADDRESS	6740 S.W. 10 St.	
3.4 CITY-ST-ZIP	Pembroke Pines, FL 33023	

4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Scott Whitney	
4.3 STREET ADDRESS	6607 S.W. 2 Court	
4.4 CITY-ST-ZIP	Pembroke Pines, FL 33023	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rene Shlimowitz	
5.3 STREET ADDRESS	340 S.W. 67 Ave.	
5.4 CITY-ST-ZIP	Pembroke Pines, FL 33023	

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:

Scott Whitney

March 12, 1998 (954)9895105

CR2E037 (10/97)