

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90271 038 ****61.25

DOCUMENT # N95 00000 3507 ✓

1. Corporation Name

Pembroke Pines Villagers, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 6700 S.W. 13 St.

Suite, Apt. #, etc.

22

City & State

23 Pembroke Pines, FL

Zip

24 33023

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 841004

Suite, Apt. #, etc.

27

City & State

28 Pembroke Pines, FL

Zip

29 33084

Country

30 U.S.A.

3. Date Incorporated or Qualified

July 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

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

Eileen Lineback
6440 S.W. 3 Court
Pembroke Pines, FL 33023

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 ☐ DELETE

P
NAME Buck Timperio
STREET ADDRESS 6740 S.W. 10 St.
CITY-ST-ZIP Pembroke Pines, FL 33023

TITLE ☐ DELETE

V
NAME Eileen Lineback
STREET ADDRESS 6440 S.W. 3 Court
CITY-ST-ZIP Pembroke Pines, FL 33023

TITLE ☐ DELETE

S
NAME Scott Whitney
STREET ADDRESS 6607 S.W. 2 Court
CITY-ST-ZIP Pembroke Pines, FL 33023

TITLE ☐ DELETE

T
NAME Flo St. Louis
STREET ADDRESS 6611 S.W. 6 St.
CITY-ST-ZIP Pembroke Pines, FL 33023

TITLE ☐ DELETE

D
NAME James R. Brown
STREET ADDRESS 6711 S.W. 5 St.
CITY-ST-ZIP Pembroke Pines, FL 33023

TITLE ☐ DELETE

D
NAME Randy Arrowsmith
STREET ADDRESS 300 S.W. 67 Terrace
CITY-ST-ZIP Pembroke Pines, FL 33023

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Scott Whitney
Scott Whitney, Secretary

April 29, 1999 (954) 9895105

Date

Daytime Phone #

CR2E037 (1/98)