

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004012

1. Entity Name
PEMBROKE ENTRANCE MASTER ASSOCIATION, INC.



Principal Place of Business
1096 E. NEWPORT CENTER DT., STE 100
DEERFIELD BEACH, FL 33442

Mailing Address
1096 E. NEWPORT CENTER DT., STE 100
DEERFIELD BEACH, FL 33442



DO NOT WRITE IN THIS SPACE

04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0961996

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM
1096 E. NEWPORT CENTER DT., STE 100
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000346289
04/30/05-80068-024 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME BUTTERS, MALCOLM
STREET ADDRESS 1096 E. NEWPORT CENTER DT., STE 100
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D
NAME BUTTERS, MARK
STREET ADDRESS 1096 E. NEWPORT CENTER DT., STE 100
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D
NAME BUTTERS, SAM
STREET ADDRESS 1096 E. NEWPORT CENTER DT., STE 100
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Malcolm Butters 4/28/05 954-570-8111

Date

Daytime Phone #