

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 APR 20 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Suzanne G. Administrator  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000058897 (8)**

1. Corporation Name  
**PASADENA AT AMBER LAKE, INC.**

Principal Place of Business      Mailing Address

**1000 N HIATUS RD  
PEMBROKE PINES FL 33026**      **1000 N HIATUS RD  
PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: **08/18/1993**      3a. Date of Last Report: **04/07/1994**

4. FEI Number: **65-0432016**      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**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

7n      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**BERGER, DAVID J ESO  
175 NW FIRST AVE  
SUITE 2000 COURT HOUSE CENTER  
MIAMI FL 33128-0965**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**201 S. Biscayne Blvd.**

83 **Suite 3000**

84 City **Miami**      FL      85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature must be printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BERGER, DAVID J</b>
STREET ADDRESS	<b>% 175 NW FIRST AVE COURT HOUSE CTR #2000</b>
CITY- ST- ZIP	<b>MIAMI FL 33128-0965</b>
TITLE	<b>P</b>
NAME	<b>MILLER, ROBERT B</b>
STREET ADDRESS	<b>1000 N HIATUS RD</b>
CITY- ST- ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>VP</b>
NAME	<b>MILLER, LEONARD</b>
STREET ADDRESS	<b>1000 N HIATUS RD</b>
CITY- ST- ZIP	<b>PEMBROKE PINES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>201 S. Biscayne Blvd. Suite 3000</b>
14 CITY- ST- ZIP	<b>Miami, FL 33131</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PASADENA AT AMBER LAKE, INC. LEONARD MILLER, VICE PRESIDENT**

Date: **4/13/95**      (905) 431-6100  
Signature of Officer