

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V55983** (3)

1. Corporation Name

**MINTO COMMUNITIES (PEMBROKE), INC.**



Principal Place of Business

Mailing Address

**4400 WES SAMPLE RD  
STE 200  
COCONUT CREEK FL 33073  
US**

**4400 W SAMPLE RD  
STE 200  
COCONUT CREEK FL 33073  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**08/07/1992**

3a. Date of Last Report

**02/06/1995**

4. FEI Number

**65-0426565**

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 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENBERG, MICHAEL  
• 4400 W SAMPLE RD  
• STE 200  
COCONUT CREEK FL 33073**

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 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

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GREENBERG, MICHAEL  
4400 W SAMPLE ROAD, STE. 200  
COCONUT CREEK FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
JOANISSE, PHILIPPE  
4400 W SAMPLE ROAD, STE 200  
COCONUT CREEK FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
POSIN, HARRY  
4400 SAMPLE ROAD, STE. 200  
COCONUT CREEK FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
UNGER, CRAIG  
4400 W SAMPLE ROAD, STE 200  
COCONUT CREEK FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPAS  
RODGERS, FRANK  
4400 WEST SAMPLE ROAD, STE. 200  
COCONUT CREEK FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GREENBERG, ROGER  
4400 WEST SAMPLE ROAD, STE 200  
COCONUT CREEK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**900001813359  
-05/08/96--01044--008  
\*\*\*800.00**

☐ Change ☐ Addition

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)(4), 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:

*Frank Rodgers* **April 29, 1996** (954) 973-4490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)