

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # **V55983** (3)

1. Corporation Name

MINTO COMMUNITIES (PEMBROKE), INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

08/07/1992

3a. Date of Last Report

05/01/1996

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

9. Name and Address of Current Registered Agent

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

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GREENBERG, MICHAEL	
STREET ADDRESS	4400 W SAMPLE ROAD, STE. 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	JOANISSE, PHILIPPE	
STREET ADDRESS	4400 W SAMPLE ROAD, STE 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	POSIN, HARRY	
STREET ADDRESS	4400 SAMPLE ROAD, STE. 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	UNGER, CRAIG	
STREET ADDRESS	4400 W SAMPLE ROAD, STE 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	RODGERS, FRANK	
STREET ADDRESS	4400 WEST SAMPLE ROAD, STE. 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GREENBERG, ROGER	
STREET ADDRESS	4400 WEST SAMPLE ROAD, STE 200	
CITY-ST-ZIP	COCONUT CREEK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK RODGERS
4-17-97 954 973-4490
Daytime Phone

0518228

CR2E034 (9/96)