

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000000798

1. Corporation Name
PEMBROKE FALLS PHASE SIX HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business: 123 NW 13TH STREET #300 BOCA RATON FL 33432
Mailing Address: 123 NW 13TH STREET #300 BOCA RATON FL 33432



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| | | |
|---------------------------------------------------------------------------------|------------------------|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 02/11/1998 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 65-0812703 |
| 24 Country | 29 Country | Applied For |
| | 30 | Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees |

| | |
|----------------------------------------------------------------------------|-------------------------------------------------------|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FORT LAUDERDALE FL 33312 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | 85 Zip Code |
| | FL |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 11 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GARDINER, WILLIAM | 12 NAME | Gaudet, Lynne |
| STREET ADDRESS | 123 NW 13TH STREET #300 | 13 STREET ADDRESS | 123 N.W. 13th Street #300 |
| CITY-ST-ZIP | BOCA RATON FL 33432 | 14 CITY-ST-ZIP | Boca Raton, FL 33432 |
| TITLE | VD <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIZZO, DOMENIC | 22 NAME | |
| STREET ADDRESS | 123 NW 13TH STREET #300 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | 24 CITY-ST-ZIP | |
| TITLE | VSTD <input type="checkbox"/> DELETE | 31 TITLE | 100002840951 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENGELSTEIN, HARRY | 32 NAME | -04/15/93--0112--021 |
| STREET ADDRESS | 123 NW 13TH STREET #300 | 33 STREET ADDRESS | *****70.00 *****70.00 |
| CITY-ST-ZIP | BOCA RATON FL 33432 | 34 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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: *Lynne Gaudet*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lynne Gaudet, President
Date: _____ Daytime Phone #: 561-391-4012

CR2E037 (1/1/98)