

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90014 035 ****61.25

DOCUMENT # N9800000798
1. Corporation Name
PEMBROKE FALLS PHASE VI HOMEOWNERS ASSOCS, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
21 910 Glen Management 26 910 Glen Management 2/11/1998
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 4301 Oak Circle, St 23 27 P. O. Box 1390 4. FEI Number 65-0812703
City & State City & State Applied For Not Applicable
23 BOCA RATON FL 28 BOCA RATON FL 5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 33431 25 Palm Beach 29 33429-1390 30 Palm Beach

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
81 Name Glen Management Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) Andrew C. Glen
83 4301 Oak Circle, Suite 23
84 City Boca Raton FL 85 Zip Code 33431

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 P. A. GLEN DATE 4/22/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOM RIZZO	1.2 NAME	
STREET ADDRESS	123 NW 13th Street, # 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNNE GAUDET	2.2 NAME	
STREET ADDRESS	123 NW 13th Street, # 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY ENGLESTEIN	3.2 NAME	
STREET ADDRESS	123 NW 13th Street, # 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the information 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 L. GAUDET. 4/23/99 (561) 392-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)