

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90036 005 \*\*\*\*61.25

**DOCUMENT # N98000000798**

1. Entity Name

**PEMBROKE FALLS PHASE SIX HOMEOWNER'S ASSOCIATION**

Principal Place of Business

Mailing Address

C/O GLEN MANAGEMENT  
 4301 OAK CIRCLE, ST 23  
 BOCA RATON FL 33431

C/O GLEN MANAGEMENT  
 P.O. BOX 1390  
 BOCA RATON FL 33429-1390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*C/o Glen Management*  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

*301 W. Camino Gardens Blvd, #200*  
 City & State

City & State

*BOCA RATON, FL*  
 Zip Country

Zip Country

*33430*

4. FEI Number  
**65-0812703**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLEN MANAGEMENT SERVICES, INC.  
 ANDREW C. GLEN  
 4301 OAK CIRCLE, SUITE 23  
 BOCA RATON FL 33431

Name  
**SAMS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**301 W. CAMINO GARDENS BLVD**  
**SUITE 200**  
 City **BOCA RATON** FL Zip Code **33430**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete					
	GAUDET, LYNNE	123 NW 13TH STREET #300	BOCA RATON FL 33432				
	D	<input type="checkbox"/> Delete					
	RIZZO, DOM	123 NW-13TH STREET #300	BOCA RATON FL 33432				
	D	<input type="checkbox"/> Delete					
	ENGELSTEIN, HARRY	123 NW 13TH STREET #300	BOCA RATON FL 33432				
		<input type="checkbox"/> Delete					
		<input type="checkbox"/> Delete					
		<input type="checkbox"/> Delete					
		<input type="checkbox"/> Delete					

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/99)