

2000 UNIFORM BUSINESS REPORT (UBR) "AMENDED"

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000000798
1. Entity Name
 PEMBROKE FALLS PHASE SIX HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business **Mailing Address**
 C/O Glen Management C/O Glen Management
 301 W. Comino Gardens Blvd. P.O. Box 1390
 Suite 200 Boca Raton, FL
 Boca Raton, FL 33432 33432-1390

2. Principal Place of Business **3. Mailing Address**
 123 NW 13TH ST. 123 NW 13TH ST.

Suite, Apt. #, etc. **Suite, Apt. #, etc.**
 SUITE 300 SUITE 300

City & State **City & State**
 BOCA RATON, FL BOCA RATON, FL

4. EEI Number **Applied For**
 65-0812703 Not Applicable

Zip **Country** **Zip** **Country**
 33432 Palm Beach 33432 Palm Beach

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

6. Name and Address of Current Registered Agent
 GLEN MANAGEMENT SERVICES, INC.
 ANDREW C. GLEN
 301 W. CAMINO BLVD.,
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name DAVID SHAPIRO
Street Address (P.O. Box Number is Not Acceptable)
 123 NW 13TH ST. SUITE 300
City BOCA RATON **FL** **Zip Code** 33432

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  **David Shapiro**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

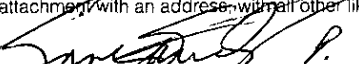
9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD GAUDET, LYNNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 123 NW 13TH ST. #300	
CITY-ST-ZIP BOCA RATON, FL 33432	
TITLE NAME VD RIZZO, DOMENIC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 123 NW 13TH ST. #300	
CITY-ST-ZIP BOCA RATON, FL 33432	
TITLE NAME VSTD ENGELSTEIN, HARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 123 NW 13TH ST. #300	
CITY-ST-ZIP BOCA RATON, FL 33432	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 000003357960--8	
CITY-ST-ZIP -08/15/00--01061--001	
	*****61.25 *****61.25
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS TS	
CITY-ST-ZIP	

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, President**

CR2E037 (9/99)