

# 2002 UNIFORM BUSINESS REPORT (UBR)

0034971

**DOCUMENT # N98000000798**

1. Entity Name

**PEMBROKE FALLS PHASE SIX HOMEOWNER'S ASSOCIATION, INC.**

**FILED**

**02 FEB 18 PM 3:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
123 NW 13TH ST      123 NW 13TH ST  
SUITE 300      SUITE 300  
BOCA RATON FL 33432      BOCA RATON FL 33432

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

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

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

6. Name and Address of Current Registered Agent  
**SHAPIRO, DAVID**  
123 NW 13TH ST  
SUITE 300  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent  
Name      **BECKER & POLIAKOFF, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3111 STIRLING ROAD**  
City      **FORT LAUDERDALE**      FL      Zip Code      **33312**

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.

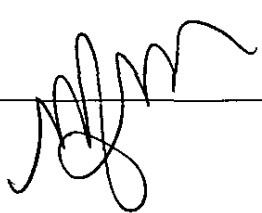
SIGNATURE       **Gary A. Poliakoff, Esq.**      **2/7/02**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**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		<input type="checkbox"/> Delete
TITLE	<b>VSTD</b>	<input type="checkbox"/> Delete
NAME	<b>GAUDET, LYNNE</b>	
STREET ADDRESS	<b>123 NW 13TH STREET #300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>RIZZO, DOMENIC</b>	
STREET ADDRESS	<b>123 NW 13TH STREET #300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>YUTER, RONALD L</b>	
STREET ADDRESS	<b>123 NW 13TH STREET #300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	<b>500005063475--2</b>		
CITY-ST-ZIP	<b>-03/07/02--01026--013</b>		
	<b>*****70.00 *****70.00</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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)(l), 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, Vice Pres**      **3/5/02**      **361/391/4012**

CR2E037 (9/01)