
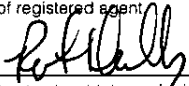
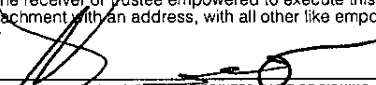


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90257 044 ****61.25

DOCUMENT # N98000000798			
1. Entity Name PEMBROKE FALLS PHASE SIX HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 301 W. CAMINO GARDENS STE 200 BOCA RATON, FL 33432		Mailing Address 301 W. CAMINO GARDENS STE 200 BOCA RATON, FL 33432	
2. Principal Place of Business 1651 NW 136TH AVE		3. Mailing Address P.O. Box 189013	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL		City & State PLANTATION, FL 33318	
Zip 33028	Country	Zip 33318	Country
6. Name and Address of Current Registered Agent GLEN, ANDREW C 301 W CAMINO GARDENS BLVD STE 200 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Castle Management Street Address (P.O. Box Number is Not Acceptable) 4450 West Sunrise Blvd. Suite C-100 City Plantation FL Zip Code 33313	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  ROB DONNELLY VP April 22/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUEVAS-VEGAS, ORESTES 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TJ Cuevas-Vegas, Orestes <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 127.5 NW 144TH AVE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALINETRO, ED 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Salinetro, Ed <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1227 NW 144TH TER PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALZ, JOYCE 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walz, Joyce <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1689 NW 143RD WAY PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBBINS, JR 301 W CAMINO GRDS BLVD 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBBINS, J. R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1232 NW 143RD AVE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KADEL, MICHAEL 301 W CAMINO GRDNS BLVD 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kadel, Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1222 NW 143RD AVE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MC LAGAN, RUSTY 301 W. CAMINO GRDNS BLVD 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mc Lagan, Rusty <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14350 NW 11TH ST. PEMBROKE PINES, FL 33028
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:  (SEE ATTACHED) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/13/04 Daytime Phone #			

24058352



02172004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0812703 Applied For Not Applicable

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

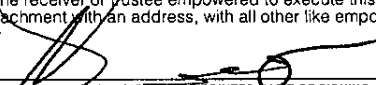
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Make check payable to Florida Department of State

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 SIGNATURE:  (SEE ATTACHED)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/13/04 Daytime Phone #

Attachment
24058352

PEMBROKE FALLS PHASE SIX HOMEOWNERS
ASSOCIATION, INC.

(N98 000000798)

ADDITIONAL DIRECTOR

⑦

J
MATSON, SOPHIA
1142 NW 143RD WAY
PEMBROKE PINES, FL 33028