

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


Pembroke Falls Phas

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90003 021 ****61.25

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



Principal Place of Business
 1651 NW 136TH AVE
 PEMBROKE PINES, FL 33028

Mailing Address
 P.O. BOX 189013
 PLANTATION, FL 33318

50053541



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
C/O CASTLE GROUP
 Suite, Apt. #, etc.
P.O. BOX 559009
 City & State
FT. LAUDERDALE, FL
 Zip Country
33355-9009

03082005 Chg-NP CR2E037 (10/03)

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
CASTLE MANAGEMENT
4450 WEST SUNRISE BLVD. SUITE C-100
PLANTATION, FL 33313

7. Name and Address of New Registered Agent
 Name (CHANGE ADDRESS ONLY)
 Street Address (P.O. Box Number is Not Acceptable)
12270 SW 3RD STREET
 City **PLANTATION** **FL** Zip Code **33328**

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

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUEVAS-VEGAS, ORESTES 1275 NW 144TH AVE. PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALINETRO, ED 1227 NW 144TH TER PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALZ, JOYCE 1689 NW 143RD WAY PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBBINS, JR 1232 NW 143RD AVE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KADEL, MICHAEL 1222 NW 143RD AVE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MC LAGAN, RUSTY 14350 NW 11TH ST. PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDITO, VIC 1281 NW 143RD AVENUE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBBINS, J. R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wayne K. McLagan* **5-20-05** **954-430-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #