

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 11, 2008  
Secretary of State**

DOCUMENT# N98000000798

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

**Current Principal Place of Business:**

1651 NW 136TH AVE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE GROUP  
P.O. BOX 559009  
FORT LAUDERDALE, FL 333559009

**New Mailing Address:**

FEI Number: 65-0812703      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
STE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: CUEVAS-VEGAS, ORESTES  
Address: 1275 NW 144TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: SALINETRO, ED  
Address: 1227 NW 144TH TER  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: WALZ, JOYCE  
Address: 1689 NW 143RD WAY  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PD ( ) Delete  
Name: ROBBINS, J R  
Address: 1232 NW 143RD AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD ( ) Delete  
Name: KADEL, MICHAEL  
Address: 1222 NW 143RD AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD ( ) Delete  
Name: MC LAGAN, RUSTY  
Address: 14350 NW 11TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: ROBBINS, J.R.  
Address: 1232 NW 143RD AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.R. ROBBINS

PD

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date