

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 21, 2009
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: () Change () Addition
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Address:
City-St-Zip:

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: ROBERT A DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

Date