
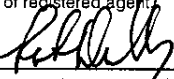



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90257 043 ****61.25

DOCUMENT # N99000005292					
1. Entity Name PEMBROKE FALLS PHASE FIVE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 123 NW 13TH STREET #300 BOCA RATON, FL 33432			Mailing Address 123 NW 13TH STREET #300 BOCA RATON, FL 33432		
2. Principal Place of Business 1651 NW 136TH AVE		3. Mailing Address P.O. Box 189 013			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PEMBROKE PINES, FL		City & State PLANTATION, FL		4. FEI Number 65-0946734	
Zip 33028		Country		Applied For Not Applicable	
Zip 33028		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAUDET, LYNNE 123 NW 13TH ST., #300 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 W. SUNRISE BLVD #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		DATE April 27/04	
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YUTER, RONALD L 123 NW 13TH STREET #300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRELL, FRANK 1204 NW 140TH TER PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GAUDET, LYNNE 123 NW 13TH STREET #300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATTERSON, SCOTT 1092 NW 13TH TER PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIZZO, DOMENIC 123 NW 13TH STREET #300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROSSWORTH, JERRY 13816 NW 14TH ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PECK, ED 13706 NW 16TH ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARVEAU, VICKY 1323 NW 139TH TER PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: 		Scott Patterson Vice Pres		DATE 4-19-04 954 430 8542	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	

24058353



02172004 Chg-NP CR2E037 (10/03)