

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90015 003 \*\*\*\*61.25

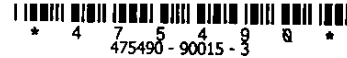
DOCUMENT # N 9700 00 00204 ✓

1. Corporation Name

PEM BROKE FALLS PHASE II  
HOME OWNERS ASSOC., INC.

Principal Place of Business

Mailing Address



\* 4 7 5 4 9 0 - 9 0 0 1 5 - 3 \*

2. Principal Place of Business

21 C/O Glen Management

Suite, Apt. #, etc.

22 4301 Oak Circle, #23

City & State

23 BOCA RATON, FL

Zip

24 33431

Country

25 Palm Beach

2a. Mailing Address

26 C/O Glen Management

Suite, Apt. #, etc.

27 P. O. Box 1390

City & State

28 BOCA RATON, FL

Zip

29 33429-1390

Country

30 Palm Beach

3. Date Incorporated or Qualified

1/14/1997

4. FEI Number

65-0780235

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Glen Management Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

Andrew C. Glen

83

4301 Oak Circle, Suite 23

84 City

BOCA RATON

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 0 ☐ DELETE  
NAME DOM RIZZO  
STREET ADDRESS 123 NW 13th Street, #300  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE 0 ☐ DELETE  
NAME LYNNE GAUDET  
STREET ADDRESS 123 NW 13th Street, #300  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE 0 ☐ DELETE  
NAME HARRY ENGLESTEIN  
STREET ADDRESS 123 NW 13th Street, #300  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/98