

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000650

1. Entity Name

PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GLEN MANAGEMENT
4301 OAK CIRCLE, SUITE 23
BOCA RATON FL 33431

C/O GLEN MANAGEMENT
P.O. BOX 1390
BOCA RATON FL 33429-1390

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301 W. Camino Gardens Blvd

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33432

USA

4. FEI Number

65-0696334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

A. GLEN

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

301 W. CAMINO GARDENS BLVD

Suite 300

City

BOCA RATON

FL

Zip Code

33432

GLEN MANAGEMENT SERVICES, INC.

ANDREW C. GLEN

4301 OAK CIRCLE, SUITE 23

BOCA RATON FL 33431

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.

SIGNATURE

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

(NOTE: Registered agent signature required when reinstating)

DATE

A. GLEN

1/26/99

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RIZZO, DOM
123 N.W. 13TH ST., #300
BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAUDET, LYNNE
123 N.W. 13TH ST., SUITE 300
BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ENGELSTEIN, HARRY
123 N.W. 13TH ST., SUITE 300
BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: LYNNE GAUDET 1-25-00

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90071 038 ****61.25

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DO NOT WRITE IN THIS SPACE