

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 98 00000 3031**

1. Entity Name

**PEMBROKE FALLS PHASE FOUR-A
HOMEOWNER'S ASSOCIATION, INC.**

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

05-01-2000 90363 039 ****61.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

c/o Glen Management Services

3. Mailing Address

c/o Glen Management Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301 W. Camino Gardens Blvd, #200

P. O. BOX 1390

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33432

USA

33429

USA

4. FEI Number

05-0895087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ANDREW C. GLEN

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

c/o Glen Management Services, Inc.

301 W. Camino Gardens Blvd, Suite 200

City

BOCA RATON

State

FL

Zip Code

33432

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

4/18/2000

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

TITLE	PO	<input type="checkbox"/> Delete
NAME	DOMENIC RIZZO	
STREET ADDRESS	123 NW 13th Street, Suite 300	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	JO	<input type="checkbox"/> Delete
NAME	LYNNE GARDET	
STREET ADDRESS	123 NW 13th Street, Suite 300	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	3RD	<input type="checkbox"/> Delete
NAME	HARRY ENGELSTEIN	
STREET ADDRESS	123 NW 13th Street, Suite 300	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

CR2E037 (9/99)