

# 2000 UNIFORM BUSINESS REPORT (UBR)

"AMENDED"

FILED

00 AUG -4 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 798000005031

**1. Entity Name**  
PEMBROKE FALLS PHASE FOUR-A HOMEOWNERS ASSOCIATION, INC.

<b>Principal Place of Business</b> 123 NW 13TH ST. SUITE 300 BOCA RATON, FL 33432	<b>Mailing Address</b> 123 NW 13TH ST. SUITE 300 BOCA RATON, FL 33432
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 65-0895087	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b> BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312	<b>7. Name and Address of New Registered Agent</b> Name: <b>DAVID SHAPIRO</b> Street Address (P.O. Box Number is Not Acceptable): 123 NW 13TH ST. #300 City: <b>BOCA RATON</b> <b>FL</b> Zip Code: <b>33432</b>
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**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** *David Shapiro* **DAVID SHAPIRO**  
Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> RIZZO, DOMENIC <b>STREET ADDRESS</b> 123 NW 13TH ST. #300 <b>CITY-ST-ZIP</b> BOCA RATON, FL 33432	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> GAUDET, LYNNE <b>STREET ADDRESS</b> 123 NW 13TH ST. #300 <b>CITY-ST-ZIP</b> BOCA RATON, FL 33432	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VSTD <b>NAME</b> ENGELSTEIN, HARRY <b>STREET ADDRESS</b> 123 NW 13TH ST. #300 <b>CITY-ST-ZIP</b> BOCA RATON, FL 33432	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<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:** *Lynne Gaudet* **LYNNE GAUDET, VICE PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)