

2000 UNIFORM BUSINESS REPORT (UBR) "AMENDED"

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N95000000650

1. Entity Name

PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GLEN MANAGEMENT
301 W. CAMINO GARDENS BLVD.
BOCA RATON, FL 33432

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

2. Principal Place of Business

123 NW 13TH ST.

3. Mailing Address

123 NW 13TH ST.

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0696334

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

GLEN MANAGEMENT SERVICES, INC.
ANDREW C. GLEN.,
301 W. CAMINO GARDENS BLVD. SUITE 800
BOCA RATON, FLORIDA 33432

7. Name and Address of New Registered Agent

Name

DAVID SHAPIRO

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

123 NW 13TH ST. SUITE 300

City

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

David Shapiro.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIZZO, DOMENIC 123 NW 13TH ST. #300 BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUDET, LYNNE 123 NW 13TH ST. #300 BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGELSTEIN, HARRY 123 NW 13TH ST. #300 BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GAUDET, LYNNE 123 NW 13TH ST. #300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ENGELSTEIN, HARRY 123 NW 13TH ST. #300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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, Vice President

CR2E037 (9/99)