2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800005031								
PEMBROKE FALLS PHASE FOUR-A HOMEOWNER'S ASSOCIAT					FILED			
Principal Place of Business Mailing Address					·01	APR 23 PM	₄ : 49	
123 NW 13TH ST SUITE 300 BOCA RATON FL 33432		123 NW 13TH ST SUITE 300 BOCA RATON FL 33432			SECRETARY OF STATE TALLAHASSEE FLORIDA			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Numbe	65-0895087		pplied For
Zip Country		Zip Country			5. Certificate	of Status Desired	\$8.75 A	ditional
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Regist	•	
				Name				
SHAPIRO			Street /	Address (F	P.O. Box Numbe	er is Not Acceptable)		
123 NW 13TH ST SUITE 300								
BOCA RATON FL 33432			City	City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registrost. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requires)					``````	○○○○ ○11 6 -05/09/01 *****70.	54217 01018 00 *****	016
FILE NOW: FEE IS \$61.25		Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees		Make Check Payable to Department of State		
10.	OFFICERS AND DIRI	CTORS	11.		DDITIONS/CH	ANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIZZO, DOMENIC 123 NW 13TH STREET #300 BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIZ 123 BOC	ZO DOM NW 13T A RATON	ENIC H ST., SUIT , FL 33432	∑ Change E 300	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAUDET, LYNNE 123 NW 13TH STREET #300 BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	123	DET, LY	NNE H ST. SUITE , FL 33432	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ENGELSTEIN, HARRY 123 NW 13TH STREET #300 BOCA RATON FL 33432	. XIX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	123		ALD L. H ST. SUITE , FL 33432		XIXI Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition (
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME Street Address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(to Change	Addition
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2. 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 supplies ental 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:

MARIA CEQUIRED Lynne Gaudet, VP

561-391-4012

CR2F037 (10/0