


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90257 010 ****61.25

DOCUMENT # N99000000760	
1. Entity Name PEMBROKE FALLS PHASE SEVEN HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 301 W CAMINO GARDENS BLVD STE 200 BOCA RATON, FL 33432	Mailing Address 301 W CAMINO GARDENS BLVD STE 200 BOCA RATON, FL 33432
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2. Principal Place of Business 1651 NW 136TH AVE Suite, Apt. #, etc.	3. Mailing Address P.O. Box 189013 Suite, Apt. #, etc.
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City & State PEMBROKE PINES, FL	City & State PLANTATION, FL
Zip 33028	Country
Zip 33318	Country

6. Name and Address of Current Registered Agent GLEN, ANDREW 301 W CAMINO GARDENS BLVD. #200 BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent Name CASTLE MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 4450 W SUNRISE BLVD STE C-100 City PLANTATION FL Zip Code 33313	
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Robert A. Donnelly DATE April 27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIETO, ROBERT 301 W. CAMINO GARDENS BLVD., #200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HACKETT, GEORGE 301 W. CAMINO GARDENS BLVD., #200 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKARI, ERIC 301 W. CAMINO GARDENS BLVD., #200 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINOTT, DAVE 301 W. CAMINO GARDENS BLVD., #200 BOCA RATON, FL 33432 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HYATT, ED 14209 NW 23RD ST PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HYATT, ED 14284 NW 18TH MANOR PEMBROKE PINES, FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAND, RISA 14208 NW 19TH ST PEMBROKE PINES, FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAISONET, ED 14268 NW 18TH MANOR PEMBROKE PINES, FL 33028 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRENIER, WILLY 1422 NW 22ND ST PEMBROKE PINES, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  ED HYATT 4-22-04 54-430-8542 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	
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02172004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0977100 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required