
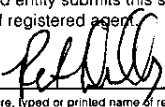
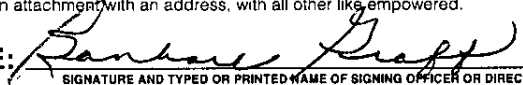


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-02-2004 90029 023 ****70.00
04-28-2004 90257 027 ****61.25

DOCUMENT # N97000000204 1. Entity Name PEMBROKE FALLS PHASE TWO HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 301 W CAMINO GARDENS BLVD SUITE 200 BOCA RATON, FL 33432			Mailing Address 301 W CAMINO GARDENS BLVD SUITE 200 BOCA RATON, FL 33432		
2. Principal Place of Business 1651 NW 136TH AVE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 189013 Suite, Apt. #, etc.			
City & State PEMBROKE PINES, FL Zip 33028 Country		City & State PLANTATION, FL Zip 33318 Country		4. FEI Number 65-0780235 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02172004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent GLEN MANAGEMENT SERVICES, INC. ANDREW C. GLEN 301 W CAMINO GARDENS BLVD BOCA RATON, FL 33432			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		
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 L. 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>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAFF, BARBARA 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13284 NW 12TH ST PEMBROKE PINES, FL 33028		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, BOB 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP 13235 NW 15TH ST PEMBROKE PINES, FL 33028		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANNON, TOM 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"/> Change <input type="checkbox"/> Addition PD STOILOFF, BILL 13151 NW 11TH ST PEMBROKE PINES, FL 33028		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISKE, SCOTT 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"/> Change <input type="checkbox"/> Addition TD GRAFF, LARRY 13284 NW 12TH ST PEMBROKE PINES, FL 33028		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAGNAN, BIBIANA 301 W CAMINO GARDENS BLVD SUITE 200 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TD GLUCKSON, BOB 13035 NW 13TH ST PEMBROKE PINES, FL 33028		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: 			4/27/04 Date Daytime Phone #		

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