
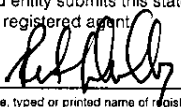
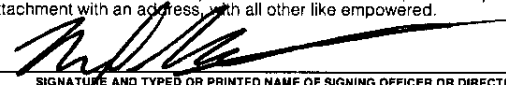


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90257 042 ****61.25

DOCUMENT # N98000005031					
1. Entity Name PEMBROKE FALLS PHASE FOUR-A 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		
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 65-0895087	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent GLEN, ANDREW C 301 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name CASTLE MANAGEMENT, INC. 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 A. Donnelly April 27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <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 P NAME BRAUTMAN, MICHAEL STREET ADDRESS 301 W CAMINO GARDENS BLVD #200 CITY-ST-ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE SD NAME STREET ADDRESS 13781 NW 21ST ST. CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BLOOM, JERRY STREET ADDRESS 301 W CAMINO GARDENS BLVD #200 CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HASKIN, GREG STREET ADDRESS 301 W. CAMINO GARDENS BLVD #200 CITY-ST-ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE VPD NAME STREET ADDRESS 2172 NW 139TH TERRACE CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ALLBRITTEN, SANDIE STREET ADDRESS 301 W. CAMINO GARDENS BLVD #200 CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE PD NAME SMITH, GARY STREET ADDRESS 1241 NW 21ST ST CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE TD NAME SMITH, JOE STREET ADDRESS 14026 NW 22ND COURT CITY-ST-ZIP PEMBROKE PINES, FL 33028	<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: 			4-26-04 954-437-2328 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					