

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Pembroke Falls Phase

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90248 019 ****61.25

DOCUMENT # N98000005031 1. Entity Name PEMBROKE FALLS PHASE FOUR-A HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 1651 NW 136TH AVE PEMBROKE PINES, FL 33028			Mailing Address P.O. BOX 189013 PLANTATION, FL 33318		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009 City & State FT. LAUDERDALE, FL			
City & State		City & State FT. LAUDERDALE, FL		4. FEI Number 65-0895087	
Zip 33355-9009		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTLE MANAGEMENT, INC. 4450 W. SUNRISE BLVD. SUITE C-100 PLANTATION, FL 33313				7. Name and Address of New Registered Agent Name (CHANGE ADDRESS ONLY) Street Address (P.O. Box Number is Not Acceptable) 12270 SW 3RD STREET City PLANTATION FL Zip Code 33325	
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 _____ <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, 2005		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 BRAUTMAN, MICHAEL 13781 NW 21ST ST. PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, GARY 1241 NW 21ST ST PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HASKIN, GREG 2172 NW 139TH TERRACE PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JOE 14026 NW 22ND COURT PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSCOZO, HERNANDO 1847 NW 140TH TERRACE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSCOZO, HERNANDO 1847 NW 140TH TERRACE 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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					