

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Pembroke Falls Home

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90003 015 \*\*\*\*61.25

<b>DOCUMENT # N95000000650</b>					
<b>1. Entity Name</b> PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1651 N.W. 136TH AVENUE PEMBROKE PINES, FL 33028			<b>Mailing Address</b> P.O. BOX 189013 PLANTATION, FL 33318		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		C/O CASTLE GROUP Suite, Apt. #, etc.			
City & State		P.O. BOX 559009 City & State			
Zip		Country		33355-9009	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P URBAN, WILLIAM G II 12830 NW 21ST ST PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD TRAUTWEIN, JIM 13752 NW 18TH COURT PEMBROKE PINES, FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP SILBERT, JAY 12959 NW 23RD ST PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S PATTERSON, SCOTT 1092 NW 139TH TERRACE PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SD BRAUTMAN, MICHAEL 13781 NW 21ST STREET PEMBROKE PINES, FL 33028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T HYATT, ED 14284 NW 18TH MANOR PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D FIELD, SKIP 1818 NW 126TH AVE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D PRIETO, BOB 14209 NW 23RD ST PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SEE ATTACHED FOR DIRECTORS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>James Silbert V.P.</u> <span style="float: right;">5/11/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					