


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90087 038 \*\*\*\*61.25

<b>DOCUMENT # N97000000204</b> 1. Entity Name <b>PEMBROKE FALLS PHASE TWO HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business 1651 NW 136TH AVE PEMBROKE PINES, FL 33028 US				Mailing Address % CASTLE GROUP PO BOX 559009 FORT LAUDERDALE, FL 33355-9009 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0780235</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTLE MANAGEMENT 12270 SW 3RD ST FORT LAUDERDALE, FL 33325			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCARRETTI, TERRI 1542 NW 133RD AVE HOLLYWOOD, FL 33026		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAFF, BARBARA 13284 NW 12 STREET PEMBROKE PINES, FL 33028	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONE, BOB 13235 NW 15TH ST PEMBROKE PINES, FL 33028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	.. .. ..	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOLOFF, BILL 13151 NW 11TH ST PEMBROKE PINES, FL 33028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	.. .. ..	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PADRON, ANGEL 13219 NW 16TH ST HOLLYWOOD, FL 33026		TITLE NAME STREET ADDRESS CITY-ST-ZIP	.. .. ..	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLUCKSON, BOB 1035 NW 13TH ST PEMBROKE PINES, FL 33028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	.. .. ..	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	.. .. ..	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Bill Stoeff</i> 5-4-06 954-704-7804 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					