

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000760

FILED
Jan 11, 2008
Secretary of State

Entity Name: PEMBROKE FALLS PHASE SEVEN HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1651 NW 136TH AVE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FORT LAUDERDALE, FL 333559009

New Mailing Address:

FEI Number: 65-0977100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOC., P.A.
6261 NW 6TH WAY
SUITE 103
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
STE 1102
CORAL GABLES, FL 33134 US

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.

SIGNATURE: LISA LERNER, SECRETARY

01/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLISON, KEITH
Address: 14236 NW 21ST ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: P () Delete
Name: HYATT, ED
Address: 14284 NW 18TH MANOR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: BRAND, RISA
Address: 14208 NW 19TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPD () Delete
Name: MAISONET, ED
Address: 14268 NW 18TH MANOR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD () Delete
Name: GRENIER, WILLY
Address: 1422 NW 22ND ST
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GRENIER, KARL WILLY
Address: 14221 NW 22ND ST
City-St-Zip: PEMBROKE PINES, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED HYATT

PD

01/11/2008

Electronic Signature of Signing Officer or Director

Date