

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 29, 2008
Secretary of State

DOCUMENT# N95000000650

Entity Name: PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1651 N.W. 136TH AVENUE
PEMBROKE PINES, FL 33028**New Principal Place of Business:****Current Mailing Address:**1651 N.W. 136TH AVENUE
PEMBROKE PINES, FL 33028**New Mailing Address:****FEI Number:** 65-0696334**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**SOROTA, ALAN PRES.
1651 NW 136 AVE
PEMBROKE PINES, FL 33028 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: ALAN SOROTA

02/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOROTA, ALAN
Address: 13182 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD () Delete
Name: HARGIS, LARRY
Address: 13712 NW 11TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: WALZ, JOYCE
Address: 1689 NW 143 WAY
City-St-Zip: PEMBROKE PINES, FL 33028

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

Title: D () Delete
Name: STOILOFF, WILLIAM
Address: 13151 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD () Delete
Name: ABRAHAMS, LITZBETH
Address: 13162 NW 18 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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

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

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: ALAN SOROTA

P

02/29/2008

Electronic Signature of Signing Officer or Director

Date