2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N97000000204

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

Current Principal Place of Business:

1651 NW 136TH AVE
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

1651 NW 136TH AVE
PEMBROKE PINES, FL 33028 US

New Mailing Address:

C/O CASTLE MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355 US

FEI Number: 65-0780235 **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:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GRAFF, BARBARA
Address: 13284 NW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP (X) Delete
Name: STONE, BOB
Address: 13235 NW 15TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PD ( ) Delete
Name: STOILOFF, BILL PH
Address: 13151 NW 11TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD ( ) Delete
Name: PADRON, ANGEL
Address: 13219 NW 16TH ST
City-St-Zip: HOLLYWOOD, FL 33026

Title: D ( ) Delete
Name: GLUCKSON, BOB
Address: 1035 NW 13TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVD (X) Change ( ) Addition
Name: GRAFF, BARBARA
Address: 13284 NW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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: ROBERT A DONNELLY MGR 02/21/2009

Electronic Signature of Signing Officer or Director — Date