

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 22, 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:**C/O CASTLE MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355 US**New Mailing Address:****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:**MANAGEMENT AGENT
1651 NW 136TH AVENUE
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: HUNTER CHASTAIN

05/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** SVD () Delete
Name: GRAFF, BARBARA
Address: 13284 NW 12 STREET
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:** VPD (X) Change () Addition
Name: JARDON, MARIO
Address: 13229 NW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33028**Title:** PD (X) Change () Addition
Name: SCJARRETTI, TERRI
Address: 1542 NW 133 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028**Title:** TD (X) Change () Addition
Name: GRAFF, BARBARA
Address: 13284 NW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33028**Title:** SD (X) Change () Addition
Name: HELMSORIG, DENISE
Address: 13359 NW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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: HUNTER CHASTAIN

GM

05/22/2009

Electronic Signature of Signing Officer or Director

Date