

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000204

FILED  
Apr 30, 2010  
Secretary of State

**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:**

MANAGEMENT AGENT  
1651 NW 136TH AVENUE  
PEMBROKE PINES, FL 33028 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: VPD  
Name: JARDON, MARIO  
Address: 13229 NW 16 STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PD  
Name: SCJARRETTI, TERRI  
Address: 1542 NW 133 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD  
Name: PEREZ, CHRISTY  
Address: 1452 NW 132ND AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD  
Name: HELMSORIG, DENISE  
Address: 13359 NW 16 STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D  
Name: WILLARD, GARY  
Address: 13315 NW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date