FILED
Mar 17, 2003 8:00 am
Secretary of State
03-03-2003 90908 022 ****70.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000760

1. Entity Name
Pembroke Falls Phase Seven Homeowner's Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
301 W. Camino Gardens	301 W. Camino Gardens
Suite, Apt. #, etc. Blvd Ste 200	Suite, Apt. #, etc. Blvd Ste 200
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33432 Country USA	Zip 33432 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0977100 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Andrew C. Glen

Street Address (P.O. Box Number is Not Acceptable): 301 W. Camino Gardens Blvd Ste 200

City: Boca Raton FL Zip Code: 33432

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Pres, D
NAME	PRIETO, ROBERT
STREET ADDRESS	301 W CAMINO GARDENS BLVD 200
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP, D
NAME	HACKETT, GEORGE C.
STREET ADDRESS	301 W CAMINO GARDENS BLVD 200
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	TRES, D
NAME	SKARI, ERIC
STREET ADDRESS	301 w caminoGARDENS BLVD200)
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DIR
NAME	SINNOTT, DAVE
STREET ADDRESS	301 W CAMINO GARDENS BLVD 200
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: George C. Hackett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #