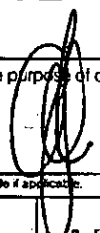
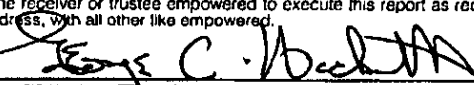


FILED
Mar 17, 2003 8:00 am
Secretary of State

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 301 W. Camino Gardens Blvd Stee 200 Boca Raton, FL 33432 USA		3. Mailing Address 301 W. Camino Gardens Blvd Ste 200 Boca Raton, FL 33432 USA	
		DO NOT WRITE IN THIS SPACE	
4. FEI Number LS-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 33432	
8. 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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 NAME STREET ADDRESS CITY-ST-ZIP Pres, D PRIETO, ROBERT 301 W CAMINO GARDENS BLVD 200 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP, D HACKETT, GEORGE C. 301 W CAMINO GARDENS BLVD 200 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TRES, D SKARI, ERIC 301 w caminOGARDENS BLVD200 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DIR SINNOTT, DAVE 301 W CAMINO GARDENS BLVD 200 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	
DO NOT WRITE IN THIS SPACE			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	

CR2E037B (12/02)