

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90143 016 ****70.00

DOCUMENT # N95000000650

1. Entity Name

PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**123 NW 13TH ST.
SUITE 300
BOCA RATON FL 33432**

Mailing Address

**123 NW 13TH ST.
SUITE 300
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0696334**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **Lynne Gaudet**

Street Address (P.O. Box Number is Not Acceptable)

Engle Homes

123 NW 13th St. #300

City **Boca Raton**

FL

Zip Code **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], VP.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RIZZO, DOMENIC	
STREET ADDRESS	123 N.W. 13TH ST., #300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GAUDET, LYNNE	
STREET ADDRESS	123 N.W. 13TH ST., #300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YUTER, RONALD L	
STREET ADDRESS	123 N.W. 13TH ST., #300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Armando Camejo	
STREET ADDRESS	123 NW 13th St. #300	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED VP

7/22/03

561-3920977

CR2E037 (4/03)