

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000650

Entity Name: PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1651 N.W. 136TH AVENUE
PEMBROKE PINES, FL 33028**Current Mailing Address:**C/O CASTLE MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355**FEI Number:** 65-0696334**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARS, GARY MESQ.
150 WEST FLAGLER STREET
27TH FLOOR SUITE 2701
MIAMI, FL 33130 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name TADROS, MIKE
Address 12838 NW 23RD STREET
City-State-Zip: PEMBROKE PINES FL 33028

Title D
Name HARGIS, LARRY
Address 13712 NW 11TH COURT
City-State-Zip: PEMBROKE PINES FL 33028

Title D
Name PATTERSON, SCOTT
Address 1092 NW 139TH TERRACE
City-State-Zip: PEMBROKE PINES FL 33028

Title D
Name DEIDAN, CECILIA
Address 13715 NW 18 ST
City-State-Zip: PEMBROKE PINES FL 33028

Title TD
Name ABRAHAMS, LITZBETH
Address 13162 NW 18TH STREET
City-State-Zip: PEMBROKE PINES FL 33028

Title SD
Name SCIARRETTI, TERRI
Address 1542 NW 133RD AVENUE
City-State-Zip: PEMBROKE PINES FL 33028

Title VP
Name FISHMAN, SYLVIA
Address 1875 NW 139 TERRACE
City-State-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: MIKE TADROS

PRESIDENT

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date