2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N95000000650

Entity Name: PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.

FILED Jun 09, 2014 Secretary of State CC7712885706

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:

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A. 201 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134 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: STEVEN SIEGFRIED

06/09/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Name

Name

Title	PRESIDENT	Title	VP

Name SCIARRETTI, TERRI Name FISHMAN, SYLVIA

Address 1542 NW 133 AVE Address 1875 NW 139 TERRACE

PEMBROKE PINES FL 33026 City-State-Zip: PEMBROKE PINES FL 33028 City-State-Zip:

SECRETARY Title **TREASURER** Title

Name ABRAHAMS, LITZBETH VOLKERS, SCOTT Name Address 13162 NW 18 STREET Address 14041 NW 19TH ST

City-State-Zip: PEMBROKE PINES FL 33026 City-State-Zip: PEMBROKE PINES FL 33026

Title DIRECTOR, PHASE 5A Title **DIRECTOR**

REPRESENTATIVE MASON, PATRICK HARGIS, LARRY Name

13185 NW 18TH COURT Address Address 13712 NW 11 COURT

City-State-Zip: PEMBROKE PINES FL 33026

City-State-Zip: PEMBROKE PINES FL 33028

DIRECTOR, PHASE 5 Title Title DIRECTOR, PHASE 4

REPRESENTATIVE REPRESENTATIVE PATTERSON, SCOTT Name DEIDAN, CECILIA

1092 NW 139 TERRACE Address Address 13715 NW 18 ST

City-State-Zip: PEMBROKE FALLS FL 33028 City-State-Zip: PEMBROKE FALLS FL 33028

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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.

PRESIDENT 06/09/2014 SIGNATURE: TERRI SCIARRETTI

Officer/Director Detail Continued:

Title DIRECTOR, PHASE 1 REPRESENTATIVE

Name TADROS, MIKE

Address 12838 NW 23RD STREET

City-State-Zip: PEMBROKE FALLS FL 33028

Title DIRECTOR, PHASE 6 REPRESENTATIVE

Name ROBBINS, J.R

Address 1232 NW 143 AVENUE

City-State-Zip: PEMBROKE FALLS FL 33028

Title DIRECTOR, PHASE 7 REPRESENTATIVE

Name HYATT, ED

Address 14284 NW 18 MANOR

City-State-Zip: PEMBROKE FALLS FL 33028