

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N97000000204

**Entity Name:** PEMBROKE FALLS PHASE TWO HOMEOWNER'S  
ASSOCIATION, INC.

**Current Principal Place of Business:**

1651 NW 136TH AVE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

C/O CASTLE MANAGEMENT  
PO BOX 559009  
FORT LAUDERDALE, FL 33355 US

**FEI Number:** 65-0780235

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARY MARS AT SIEGFRIED, RIVERA, HYMAN, LEMER, 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:** GARY MARS

09/25/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name JARDON, MARIO  
Address 13229 NW 16 STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title P  
Name SCJARRETTI, TERRI  
Address 1542 NW 133 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title D  
Name PEREZ, CHRISTY  
Address 1452 NW 132ND AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title S  
Name HELMSORIG, DENISE  
Address 13359 NW 16 STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title T  
Name ROBBANA, SLIM  
Address 13336 NW 14TH STREET  
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:** TERRI SCJARRETTI

**PRESIDENT**

09/25/2014

