

**2017 FLORIDA NOT FOR PROFIT CORPORATION 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  
12270 SW 3RD STREET SUITE 200  
PLANTATION, FL 33325 US

**FEI Number:** 65-0780235

**Certificate of Status Desired:** No

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

EISINGER, BROWN, LEWIS, FRANKEL, & CHAIET, P.A, ATT: DENNIS J. EISINGER, ESQ.  
4000 HOLLYWOOD BLVD.  
SUITE 265-S  
HOLLYWOOD, FL 33021 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:** DENNIS J. EISINGER

04/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name GOMEZ, MARIA  
Address 13475 NW 12 STREET  
City-State-Zip: PEMBROKE PINES FL 33028

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

Title D  
Name SIERRA LANE, VICTOR  
Address 1651 NW 136 AVE  
City-State-Zip: PEMBROKE PINES FL 33028

Title T  
Name FORT, WIENER  
Address 1341 NW 130 AVE  
City-State-Zip: PEMBROKE PINES FL 33028

Title MASTER BOARD  
Name MCDONALD, ROY  
Address 13064 NW 13 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 SCIARRETTI

**PRESIDENT**

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date