

2015 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

02/26/2015

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 SCIARRETTI, 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

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

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date