

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000798

**FILED**  
**Apr 12, 2013**  
**Secretary of State**  
**CC9769136352**

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

**Current Principal Place of Business:**

1651 NW 136TH AVE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

C/O CASTLE GROUP  
P.O. BOX 559009  
FORT LAUDERDALE, FL 33355

**FEI Number:** 65-0812703

**Certificate of Status Desired:** No

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

BOARD OF DIRECTORS  
1651 NW 136TH AVENUE  
PEMBROKE PINES, FL 33028 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 VP  
Name CUEVAS, ORESTES  
Address 1275 NW 144 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title TD  
Name FUAT, ORNALI  
Address 14360 NW 16TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title D  
Name HOEKENGA, BRUCE  
Address 1231 NW 143 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title PD  
Name ROBBINS, J.R.  
Address 1232 NW 143 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title SD  
Name AXELROD, JACK  
Address 1142 NW 143 AVENUE  
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:** J. R. ROBBINS

**PRESIDENT**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date