

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005031

**Entity Name:** PEMBROKE FALLS PHASE FOUR-A 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:** 65-0895087

**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 DIRECTOR  
Name ROSSO, SCOTT  
Address 2020 NW 140TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name VOLKERS, SCOTT  
Address 14041 NW 19TH ST  
City-State-Zip: PEMBROKE PINES FL 33028

Title VP  
Name CHITTI, MALIKARSUNA  
Address 13862 NW 23RD STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title P  
Name SYLVIA, FISHMAN  
Address 1875 NW 139TH TERRACE  
City-State-Zip: PEMBROKE PINES FL 33028

Title TREASURER  
Name GLASER, JACOB  
Address 2015 NW 140TH 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:** SYLVIA FISHMAN

**PRESIDENT**

**02/26/2015**

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

\_\_\_\_\_  
Date