

2014 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
PO BOX 559009
FORT LAUDERDALE, FL 33355**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	ROUZIER, KARINE
Address	13746 NW 21ST STREET
City-State-Zip:	PEMBROKE PINES FL 33028

Title	DIRECTOR
Name	MOSCOSO, HERNAN
Address	1847 NW 140 TERRACE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	VP
Name	EDWARD, O'BRIEN
Address	2027 NW 139TH AVENUE
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	VOLKERS, SCOTT
Address	14041 NW 19TH ST
City-State-Zip:	PEMBROKE PINES FL

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****04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date