


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90021 036 ****70.00

DOCUMENT # N01000005427

1. Entity Name
PEMBROKE FALLS PHASE FIVE-A HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**123 NW 13TH STREET
 SUITE 300
 BOCA RATON, FL 33432**

Mailing Address
**123 NW 13TH STREET
 SUITE 300
 BOCA RATON, FL 33432**

29000014



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
~~65-0946734~~ **01-0599814**

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAUDET, LYNNE
 123 NW 13TH STREET
 #300
 BOCA RATON, FL 33432**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **YUTER, RONALD L**
 STREET ADDRESS **123 NW 13TH STREET #300**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE Change Addition
 NAME **VT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSTD** Delete
 NAME **GAUDET, LYNNE**
 STREET ADDRESS **123 NW 13TH STREET #300**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **PS** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **CAMETO, ARMANDO**
 STREET ADDRESS **123 NW 13TH STREET #300**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE Change Addition
 NAME **Greg. Allen**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/14/04** Daytime Phone # **561-391-4012**