

Pembroke Falls Phas
**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**


6.

FILED
Jul 22, 2005 8:00 am
Secretary of State

06-08-2005 90003 019 ****61.25

DOCUMENT # N01000005427

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



Principal Place of Business
 1651 NW 136TH AVENUE
 PEMBROKE PINES, FL 33028

Mailing Address
 % CASTLE MANAGEMENT, INC.
 PO BOX 189013
 PLANTATION, FL 33318

66024957



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
C/O CASTLE GROUP
 Suite, Apt. #, etc.
P.O. BOX 559009
 City & State
FT. LAUDERDALE, FL
 Zip
33355-9009
 Country

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
01-0599814

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CASTLE MANAGEMENT, INC.
4450 W. SUNRISE BLVD.
PLANTATION, FL 33313

7. Name and Address of New Registered Agent
 Name **SKR-D, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIR STE 1102
 City **CORAL GABLES** **FL** Zip Code **33134**

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  **Lisa Kerner, Secretary** **7-18-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointed) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

**Make check payable to
 Florida Department of State**

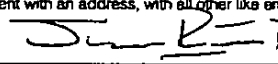
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT YUTER, RONALD L 123 NW 13TH STREET #300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS GAUDET, LYNNE 123 NW 13TH STREET #300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREG, ALLEN 123 NW 13TH STREET #300 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FORD, DERYK 1252 NW 137TH AVENUE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LAWSON, TANYA 13724 NW 12TH COURT PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RESTREPO, SUSANA 13762 NW 11TH COURT PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOZLAN, YORAM 13704 NW 12TH COURT PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUZMAN, GRANCISCO 1231 NW 137TH AVENUE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Susana Restrepo** **05-11-05 (954) 443-1820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #