

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 APR 24 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000650 (0)

1. Corporation Name

PEMBROKE FALLS MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

123 N.W. 13TH ST.
SUITE 300
BOCA RATON FL 33432

123 N.W. 13TH ST.
SUITE 300
BOCA RATON FL 33432

3. Date Incorporated or Qualified
02/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** DELETE
NAME **GARDINER, WILLIAM**
STREET ADDRESS **123 N.W. 13TH ST., SUITE 300**
CITY-ST-ZIP **BOCA RATON FL 33432**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** DELETE
NAME **MERSKIN, DONALD**
STREET ADDRESS **123 N.W. 13TH ST., SUITE 300**
CITY-ST-ZIP **BOCA RATON FL 33432**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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TITLE **DST** DELETE
NAME **ENGELSTEIN, HARRY**
STREET ADDRESS **123 N.W. 13TH ST., SUITE 300**
CITY-ST-ZIP **BOCA RATON FL 33432**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME **GAUDET, LYNNE**
4.3 STREET ADDRESS **123 N.W. 13TH STREET, SUITE 300**
4.4 CITY-ST-ZIP **BOCA RATON, FLORIDA 33432**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HARRY ENGELSTEIN, VICE PRESIDENT

APRIL 22, 1995 (407) 391-4012

Date

Daytime Phone #

CR2E037 (12/95)