

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 APR 13 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # N95000000650 (0)**

1. Corporation Name  
**PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>123 N.W. 13TH ST. SUITE 300 BOCA RATON FL 33432</b>	Mailing Address <b>123 N.W. 13TH ST. SUITE 300 BOCA RATON FL 33432</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>02/09/1995</b>	
<b>4.</b> FEI Number <b>65-0696334</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**FL**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>GARDINER, WILLIAM</b>	
STREET ADDRESS	<b>123 N.W. 13TH ST., SUITE 300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>GAUDET, LYNN</b>	
STREET ADDRESS	<b>123 N.W. 13TH ST., SUITE 300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>ENGELSTEIN, HARRY</b>	
STREET ADDRESS	<b>123 N.W. 13TH ST., SUITE 300</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>300002488063--2</b>
1.3 STREET ADDRESS	<b>-04/14/98 -01047--014</b>
1.4 CITY-ST-ZIP	<b>*****70.00 *****70.00</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DV</b>
2.3 STREET ADDRESS	<b>Gaudet, Lynne</b>
2.4 CITY-ST-ZIP	<b>123 N.W. 13th St., Suite 300 Boca Raton, FL 33432</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*[Handwritten signature]*

**14.** 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 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.

CR2E037 (10/97)