

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90015 002 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # N95000000 650 ✓

1. Corporation Name  
 Pembroke Falls Homeowners Assoc, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. c/o Glen Management	26. c/o Glen Management	5/24/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22. 4301 Oak Circle, #23	27. P.O. Box 1390	4. FEI Number
City & State	City & State	65 - 0696334
23. BOCA RATON, FL	28. BOCA RATON, FL	Applied For
Zip Country	Zip Country	Not Applicable
24. 33431 Fla Beach	29. 33409-1390 30. Palm Beach	5. Certificate of Status Desired
		<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name Glen Management Services, Inc
	82 Street Address (P.O. Box Number is Not Acceptable) Andrew C. Glen
	83 4301 Oak Circle, Suite 23
	84 City Boca Raton FL 85 Zip Code 33431

11. Pursuant to the provisions of Sections 617.0532 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: *A. Glen* DATE: 4/23/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	Change Addition
0 DOM RIZZO 123 NW 13th Street, #300 BOCA RATON, FL 33432	<input type="checkbox"/>	1.2 NAME	
0 LYNNE GAUDET 123 NW 13th Street, Suite 300 BOCA RATON, FL 33432	<input type="checkbox"/>	1.3 STREET ADDRESS	
0 HARRY ENGLESTEIN 123 NW 13th Street, Suite 300 BOCA RATON, FL 33432	<input type="checkbox"/>	1.4 CITY-ST-ZIP	
	<input type="checkbox"/>	2.1 TITLE	Change Addition
	<input type="checkbox"/>	2.2 NAME	
	<input type="checkbox"/>	2.3 STREET ADDRESS	
	<input type="checkbox"/>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/>	3.1 TITLE	Change Addition
	<input type="checkbox"/>	3.2 NAME	
	<input type="checkbox"/>	3.3 STREET ADDRESS	
	<input type="checkbox"/>	3.4 CITY-ST-ZIP	
	<input type="checkbox"/>	4.1 TITLE	Change Addition
	<input type="checkbox"/>	4.2 NAME	
	<input type="checkbox"/>	4.3 STREET ADDRESS	
	<input type="checkbox"/>	4.4 CITY-ST-ZIP	
	<input type="checkbox"/>	5.1 TITLE	Change Addition
	<input type="checkbox"/>	5.2 NAME	
	<input type="checkbox"/>	5.3 STREET ADDRESS	
	<input type="checkbox"/>	5.4 CITY-ST-ZIP	
	<input type="checkbox"/>	6.1 TITLE	Change Addition
	<input type="checkbox"/>	6.2 NAME	
	<input type="checkbox"/>	6.3 STREET ADDRESS	
	<input type="checkbox"/>	6.4 CITY-ST-ZIP	

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, on or as an attachment with an address, with all other like empowered.

SIGNATURE: *A. Glen* DATE: 4/23/99 DAYTIME PHONE #: 561-392-0977

CR2E037 (11/98)