

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90071 038 ****61.25

DOCUMENT # N95000000650

1. Entity Name

PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GLEN MANAGEMENT
 4301 OAK CIRCLE, SUITE 23
 BOCA RATON FL 33431

C/O GLEN MANAGEMENT
 P.O. BOX 1390
 BOCA RATON FL 33429-1390

00011313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O Glen Management
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

301 W. Camino Gardens Blvd

City & State

BOCA RATON, FL

4. FEI Number

65-0696334

Applied For
 Not Applicable

Zip *33432*

Country *USA*

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

Name *A. GLEN*

Street Address (P.O. Box Number is Not Acceptable)
301 W. CAMINO GARDENS BLVD

Suite *300*

City *BOCA RATON*

FL

Zip Code *33432*

GLEN MANAGEMENT SERVICES, INC.
 ANDREW C. GLEN
 4301 OAK CIRCLE, SUITE 23
 BOCA RATON FL 33431

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.

SIGNATURE

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

(NOTE: Registered agent signature required when reinstating)

DATE

A. GLEN

1/26/99

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	RIZZO, DOM	
STREET ADDRESS	123 N.W. 13TH ST., #300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAUDET, LYNNE	
STREET ADDRESS	123 N.W. 13TH ST., SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGELSTEIN, HARRY	
STREET ADDRESS	123 N.W. 13TH ST., SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 OF LYNNE GAUDET 1-25-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #