

**2000 UNIFORM BUSINESS REPORT (UBR) "AMENDED"**

FILED

00 AUG -4 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N95000000650  
**1. Entity Name**  
 PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.  
 Principal Place of Business Mailing Address  
 C/O GLEN MANAGEMENT / C/O GLEN MANAGEMENT  
 301 W. CAMINO GARDENS BLVD. P.O. BOX 1390  
 BOCA RATON, FL 33432 BOCA RATON, FL  
 33429-1390

**2. Principal Place of Business** 123 NW 13TH ST.  
 Suite, Apt. #, etc. SUITE 300  
 City & State BOCA RATON, FL  
**3. Mailing Address** 123 NW 13TH ST.  
 Suite, Apt. #, etc. SUITE 300  
 City & State BOCA RATON, FL  
 Zip Country 33432 Palm Beach

**4. FEI Number** 65-0696334 Applied For Not Applicable  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 GLEN MANAGEMENT SERVICES, INC.  
 ANDREW C. GLEN.,  
 301 W. CAMINO GARDENS BLVD. SUITE 800  
 BOCA RATON, FLORIDA 33432

**7. Name and Address of New Registered Agent**  
 Name DAVID SHAPIRO  
 Street Address (P.O. Box Number is Not Acceptable)  
 123 NW 13TH ST. SUITE 300  
 City BOCA RATON FL Zip Code 33432

**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  David Shapiro.  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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**

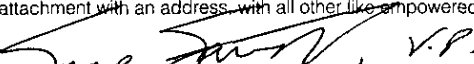
**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	DV GAUDET, LYNNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	123 NW 13TH ST. #300 BOCA RATON, FL 33432	
TITLE NAME	DST ENGELSTEIN, HARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	123 NW 13TH ST. #300 BOCA RATON, FL 33432	
TITLE NAME	200003357962--2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	-08/15/00--01061--002 *****61.25 *****61.25	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**  V.P. Lynne Gaudet, Vice President

CR2E037 (9/99)

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