Pembroke Falls Home

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State
06-08-2005 90003 015 ****61.25

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1. Entity Name
PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1651 N.W. 136TH AVENUE PEMBROKE PINES, FL 33028	P.O. BOX 189013 PLANTATION, FL 33318

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009
City & State	City & State FT. LAUDERDALE, FL
Zip / Country	Zip / Country 33355-9009

595254AR

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0696334
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P URBAN, WILLIAM G II 12830 NW 21ST ST PEMBROKE PINES, FL 33028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TRAUTWEIN, JIM 13752 NW 18TH COURT PEMBROKE PINES, FL 33028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SILBERT, JAY 12959 NW 23RD ST PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PATTERSON, SCOTT 1092 NW 139TH TERRACE PEMBROKE PINES, FL 33028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRAUTMAN, MICHAEL 13781 NW 21ST STREET PEMBROKE PINES, FL 33028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HYATT, ED 14284 NW 18TH MANOR PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIELD, SKIP 1818 NW 126TH AVE PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRIETO, BOB 14209 NW 23RD ST PEMBROKE PINES, FL 33028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEE ATTACHED FOR DIRECTORS	☐ Change ☐ Addition

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: X _____ V.P. 5/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #