# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2008**
**Secretary of State**

DOCUMENT# N95000000650

**Entity Name:** PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1651 N.W. 136TH AVENUE
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE GROUP
PO BOX 559009
FORT LAUDERDALE, FL 33355

**New Mailing Address:**

1651 N.W. 136TH AVENUE
PEMBROKE PINES, FL 33028

**FEI Number: 65-0696334** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: SOROTA, ALAN
Address: 13182 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD ( ) Delete
Name: HARGIS, LARRY
Address: 13712 NW 11TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: BRAUTMAN, MICHAEL
Address: 13761 NW 21ST STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD ( ) Delete
Name: HYATT, ED
Address: 14284 NW 18TH MANOR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: STOILOFF, WILLIAM
Address: 13151 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD ( ) Delete
Name: PATTERSON, SCOTT
Address: 1092 NW 139 TERR
City-St-Zip: HOLLYWOOD, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WALZ, JOYCE
Address: 1689 NW 143 WAY
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: ABRAHAMS, LITZBETH
Address: 13162 NW 18 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN SOROTA PD 01/09/2008

Electronic Signature of Signing Officer or Director — Date