2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 01, 2009
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 MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355

New Mailing Address:

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

Name and Address of Current Registered Agent:

SOROTA, ALAN PRES.
1651 NW 136 AVE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

PEMBROKE FALLS HOA BOARD OF DIRECTORS
1651 NW 136 AVE
PEMBROKE PINES, FL 33028 US

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: HUNTER CHASTAIN 05/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: TD ( ) Delete
Name: WALZ, JOYCE
Address: 1689 NW 143 WAY
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 (X) Delete
Name: STOILOFF, WILLIAM
Address: 13151 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: JACOBS, HOWARD
Address: 13793 NW 19 CT
City-St-Zip: PEMBROKE PINES, 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

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

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: HUNTER CHASTAIN GM 05/01/2009
Electronic Signature of Signing Officer or Director Date