

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000652

FILED  
Feb 21, 2009  
Secretary of State

**Entity Name:** PEMBROKE FALLS PHASE ONE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1651 NW 136TH AVE  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

1651 NW 136TH AVE  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

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

**FEI Number:** 65-0696336      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
STE 102  
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: D ( ) Delete  
Name: SOROTA, ALAN  
Address: 13182 NW 23RD ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PD ( ) Delete  
Name: BARDAKJY, CHRISTINE  
Address: 13080 NW 23RD ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD ( ) Delete  
Name: FLUM, HENRY  
Address: 1841 NW 131ST AVENUE  
City-St-Zip: PEMBROKE PINE, FL 33028

Title: V ( ) Delete  
Name: REVAULTES, JESSE  
Address: 12964 NW 18TH CT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD ( ) Delete  
Name: ABRAHAMS, LITZBETH  
Address: 13162 NW 18TH ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: REMINGTON, ED  
Address: 12613 NW 23RD ST  
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: ROBERT A DONNELLY

MGR

02/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date