FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90014 036 ****61.25

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DOCUMENT # N 97000000247

1. Corporation Name
PEMBROKE FALLS PHASE IV HOME OWNERS ASSOC., INC

Principal Place of Business | Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 c/o Glen Management	26 c/o Glen Management
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 4301 Oak Circle #23	27 P.O. Box 1390
City & State	City & State
23 Boca Raton, FL	28 Boca Raton, FL
Zip / Country	Zip / Country
24 33431 25 Palm Beach	29 33429-1390 30 Palm Beach

3. Date Incorporated or Qualified: 1/14/1997

4. FEI Number: 65-0780759 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Glen Management Services, Inc
82 Street Address (P.O. Box Number is Not Acceptable): ANDREW C. GLEN
83: 4301 Oak Circle, Suite 23
84 City: Boca Raton FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: A. A. GLEN — 4/22/99.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DOM RIZZO		1.2 NAME	
STREET ADDRESS	123 NW 13th Street, Suite 300		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LYNNE GAUDET		2.2 NAME	
STREET ADDRESS	123 NW 13th Street, Suite 300		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRY ENGLESTEIN		3.2 NAME	
STREET ADDRESS	123 NW 13th Street, Suite 300		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)