2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000247

FILED

00 APR 26 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

PEMBROKE FALLS PHASE FOUR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
123 NW 13TH ST. SUITE 300 BOCA RATON, FL 33432	123 NW 13TH ST. SUITE 300 BOCA RATON, FL. 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Glen Management Services, Inc. Andrew Glen 4301 Oak Circle, Suite 23 Boca Raton, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City

800003238298--0
-05/03/00 FL01134-013
*****70.00 *****70.00

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.

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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / ADDRESS / ST-ZIP	PD RIZZO, DOMENIC 123 NW 13TH ST. #300 BOCA RATON, FL 33432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / ADDRESS / ST-ZIP	VD GAUDET, LYNNE 123 NW 13TH ST. #300 BOCA RATON, FL 33432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / ADDRESS / ST-ZIP	STD ENGELSTEIN, HARRY 123 NW 13TH ST. #300 BOCA RATON, FL 33432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / ADDRESS / ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / ADDRESS / ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / ADDRESS / ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Lynne Gaudet Lynne Gaudet, Vice PRESIDENT

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