2000	UNIFORM BU	SINESS REP	ORT	(UBR)	"AMENDED	11				
DOCUMENT # 09700000247 DENUITY Name PEMBROKE FALLS PHASE FOUR HOMEOWNERS ASSOCIATION, INC.						FILED OO AUG -4 PM 2: 57 SEGRETARY OF STATE TAGGARAGSEE. FLORIDA				
Principal Place of Business 123 NW 13TH ST. SUITE 300 BOCA RATON, FL 33432 Mailing Address 123 NW 13TH S SUITE 300 BOCA RATON, FL 33432 Mailing Address 123 NW 13TH S SUITE 300 BOCA RATON, F				3432	TAG	Lanasee.	FLORIDA			
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e	City & State		4. FEI Number	 0759		<u> </u>	plied For t Applicable		
Zip	Country	Zip	Zip Cou		5. Certificate	of Status Desired		.75 Add Required		
	6. Name and Address of Curr	ent Registered Agent			7. Name and	Address of New R	egistered Age	nt		
GLEN MANAGEMENT SERVICES, INC. ANDREW GLEN				Name DAVID SHAPIRO						
	AK CIRCLE, SUIT ATON, FL 33431	E 23	-		W 13TH ST RATON	r. SUITE		Zip Cadi 3 3 4 3 1	•	
Signature	Signature, typed or printed name of registered a FILE NOW: FEE IS \$61:25	9. Election Campai Trust Fund Contr	OTE. Registere	ng \$	5.00 May Be		DATE Check Pay partment of			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CH	ANGES TO OFFICE	RS AND DIREC	TORS IN	10	
	PD RIZZO, DÖMINIC 123 NW 13TH ST BOCA RATON, FL	□ Delete • #300 33432		i	· ·		·	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAUDET, LYNNE 123 NW 13TH ST BOCA RATON, FL	□ Delete . SUITE 300 . 33432	1	1.	(3)		_	610	03	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ENGELSTEIN, HA 123 NW 13TH ST BOCA RATON, FL	. #300	1			·] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete] Change	☐ Addition	
TITLE Name Street address City-St-Zip		☐ Delete) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	• •	1		!	178] Change	☐ Addition	

12. 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:

CITY-ST-ZIP

Lynne Gaudet, Vice President