' 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700000247 1. Entity Name											
PEMBROKE FALLS PHASE FOUR HOMEOWNER'S ASSOCIATIO							FILED				
Principal Place of Business Mailing Address					•		•	OI APP	R 23 PM	4: 50	
123 N.W. 13TH STREET SUITE 300 BOCA RATON FL 33432			123 N.W. 13TH STREET SUITE 300 BOCA RATON FL 33432				SECRETARY OF STATE TALLAHASSEE FLORIDA				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Numbe	65-0780	0759		plied For at Applicable
Zip	Country		Zip Co.		ountry		5. Certificate			\$8.75 Add	litional
6. Name and Address of Current F			legistered Agent				7. Name and	Address of I	New Register	·	
					Name						
SHAPIRO, DAVID					Street Address (P.O. Box Number is Not Adapticate) 64213— 05/03/01-01018-01						$\frac{1}{117}$
123 N.W. 13TH STREET SUITE 300									****70.0	[] *****	70.00
BOCA RA		City				F	Zip Code	9			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contribu						\$5.0 Added	Make Check Payable to to Fees Department of State				
10.		OFFICERS AND DIR					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DMENIC 3TH ST, STE 300 TON FL 33432	☐ Delete			123	ZO, DOME NW 13 T	TH ST.	SUITE	X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAUDET, 123 NW 1		☐ Delete	1		VSTI GAUI 123		NNE H ST.,	SUITE	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ENGELST 123 NW 1	EIN, HARRY 3TH ST, STE 300 TON FL 33432	∫c] Delete			PD YUTE 123	R RONA NW 13TH	ALD L. I ST.,	SUITE	□ Change	Addition 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							Charge	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 of 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 appowered.

SIGNATURE:

SON A LUÝNNA EGaudet, V

561-391-4012

CR2E037 (10/