2002 UNIFORM BUSINESS REPORT (UBR)

0034957

DOCUMENT # N97000000247

1. Entity Name

PEMBROKE FALLS PHASE FOUR HOMEOWNER'S ASSOCIATIO N, INC.

FILED
02 FEB 18 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
123 N.W. 13TH STREET SUITE 300 BOCA RATON FL 33432	123 N.W. 13TH STREET SUITE 300 BOCA RATON FL 33432

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
SHAPIRO, DAVID 123 N.W. 13TH STREET SUITE 300 BOCA RATON FL 33432	Name: BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable): 3111 STIRLING ROAD' City: FORT LAUDERDALE FL Zip Code: 33312

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 _____ Gary A. Poliakoff, Esq. 2/7/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 / STREET ADDRESS / CITY-ST-ZIP	VD RIZZO, DOMENIC 123 NW 13TH ST, STE 300 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400005063474--6 -03/07/02--01026--012 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD GAUDET, LYNNE 123 NW 13TH ST, STE 300 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YUTER, RONALD L 123 NW 13TH ST, STE 300 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/01)

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: ORIGINAL SIGNATURE REQUIRED Lynne Gaudet, Vice Pres. 2/5/02 561/391/4012