2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90209 017 ****61.25

DOCUMENT # N97000000247

1. Entity Name
PEMBROKE FALLS PHASE FOUR HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432

2. Principal Place of Business	3. Mailing Address
1651 NW 136TH AVE	P.O. Box 189013
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES	City & State: PLANTATION, FL
Zip: FL / Country: 33028	Zip: 33318 / Country:

01072004 Chg-NP CR2E037 (10/03)

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, ANDREW C 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	Name: CASTLE MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable): 4450 W. SUNRISE BLVD C-100 City: PLANTATION FL Zip Code: 33313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Robert A. Donnelly April 27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TRAUTWEIN, JIM 301 W CAMINO GARDENS BLVD., #200 BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRAUTWEIN, JIM 13752 N.W. 18TH COURT PEMBROKE PINES, FL 33028	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MURRAY, PATRICIA 301 W CAMINO GARDENS BLVD., #200 BOCA RATON, FL 33432	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ PD JACOBS, HOWARD 301 W CAMINO GARDENS BLVD., #200 BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACOBS, HOWARD 13793 N.W. 19TH CT PEMBROKE PINES, FL 33028	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAHAM, NADINE 13751 N.W. 18TH CT PEMBROKE PINES, FL 33028	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEIDEN, CECILIA 13715 N.W. 18TH CT PEMBROKE PINES, FL 33028	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAUER, CRAIG 13769 N.W. 18TH CT PEMBROKE PINES, FL 33028	☐ 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: [signature] HOWARD JACOBS 954 - 430 - 8542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #