Pembroke Falls Phas

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State
06-08-2005 90003 020 ****61.25

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

50053542

Principal Place of Business	Mailing Address
1651 NW 136TH AVE. PEMBROKE PINES, FL 33028	P.O. BOX 189013 PLANTATION, FL 33318

03082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009
City & State	City & State FT. LAUDERDALE, FL
Zip / Country	Zip / Country 33355-9009

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
CASTLE MGMT., INC. 4450 W SUNRISE BLVD C100 PLANTATION, FL 33313	Name (CHANGE ADDRESS ONLY) Street Address (P.O. Box Number is Not Acceptable) 12270 SW 3RD STREET City PLANTATION **FL** Zip Code 33325

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

Filing Fee is $61.25 **Due by May 1, 2005**	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	D TRAUTWEIN, JIM 13752 NW 18TH CT. PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACOBS, HOWARD 13793 NW 19TH CT. PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAHAM, NADINE 13751 NW 18TH CT. PEMBROKE PINES, FL 33028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DEIDEN, CECILIA 13715 NW 18TH COURT PEMBROKE PINES, FL 33028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAUER, CRAIG 13769 NW 18TH CT. PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARL, KATHY 13711 NW 18TH STREET PEMBROKE PINES, FL 33028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 5-5-05 954-214-0526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #