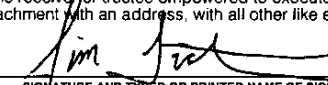


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90025 012 ****61.25

DOCUMENT # N97000000247					
1. Entity Name PEMBROKE FALLS PHASE FOUR HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 1651 NW 136TH AVE. PEMBROKE PINES, FL 33028			Mailing Address C/O CASTLE GROUP P O BOX 559009 FORT LAUDERDALE, FL 33355-9009		
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 CASTLE MGMT., INC. 12270 SW 3RD STREET FORT LAUDERDALE, FL 33325				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 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, 2006		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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TRAUTWEIN, JIM		NAME		
STREET ADDRESS	13752 NW 18TH CT.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JACOBS, HOWARD		NAME		
STREET ADDRESS	13793 NW 19TH CT.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	DEIDEN, CECILIA		NAME	SD	
STREET ADDRESS	13751 NW 18TH CT.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	BAUER, CRAIG		NAME	D	
STREET ADDRESS	13769 NW 18TH CT.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CARL, KATHY		NAME		
STREET ADDRESS	13711 NW 18TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		5/4/2006		954-437-6895	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	