2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N97000000247

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

Current Principal Place of Business:

1651 NW 136TH AVE.
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1651 NW 136TH AVE.
PEMBROKE PINES, FL 33028

New Mailing Address:

C/O CASTLE MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355

FEI Number: 65-0780759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JACOBS, HOWARD
Address: 13793 NW 19TH CT.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD ( ) Delete
Name: DEIDEN, CECILIA
Address: 13751 NW 18TH CT.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: BAUER, CRAIG
Address: 13769 NW 18TH CT.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD ( ) Delete
Name: CARL, KATHY
Address: 13711 NW 18TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT DONNELLY MGR 02/21/2009

Electronic Signature of Signing Officer or Director — Date