

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 19, 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:**C/O CASTLE MANAGEMENT  
PO BOX 559009  
FORT LAUDERDALE, FL 33355**New Mailing Address:****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:**MANAGEMENT AGENT  
1651 NW 136TH AVENUE  
PEMBROKE PINES, FL 33028 US

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: HUNTER CHASTAIN

05/19/2009

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 (X) 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: HUNTER CHASTAIN

GM

05/19/2009

Electronic Signature of Signing Officer or Director

Date