

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90140 017 ****70.00

DOCUMENT # N97000000247

1. Entity Name

PEMBROKE FALLS PHASE FOUR HOA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 W. Camino Gardens Blvd.

Suite, Apt. #, etc.
#200

City & State
Boca Raton, FL

Zip
33432

Country
U.S.A.

3. Mailing Address

301 W. Camino Gardens Blvd.

Suite, Apt. #, etc.
#200

City & State
Boca Raton, FL

Zip
33432

Country
U.S.A.

4. FEI Number

65-0780759

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Andrew C. Glen

Street Address (P.O. Box Number is Not Acceptable)
301 W. Camino Gdns. Blvd. #200

City Boca Raton

FL

Zip Code
33432

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P;D
Jim Trautwein
301 W. Camino Gdns. Blvd. #200
Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V;D : Pres
Patricia Murray
301 W. Camino Gdns. Blvd. #200
Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S;T;D
Howard Jacobs
301 W. Camino Gdns. Blvd. #200
Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03
Date

954553-0362
Daytime Phone #

CR2E037B (12/01)