

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000098043 (9)**

1. Corporation Name

PEMBROKE FALLS REALTY, INC.

FILED

98 APR -9 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**123 N.W. 13TH STREET
SUITE 300
BOCA RATON FL 33432**

**123 N.W. 13TH STREET
SUITE 300
BOCA RATON FL 33432**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**SHAPIRO, DAVID
123 N.W. 13TH STREET
SUITE 300
BOCA RATON FL 33432**

3. Date Incorporated or Qualified

12/29/1995

4. FEI Number

65-0698225

Applied For
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ENGELSTEIN, ALEC**
STREET ADDRESS **123 N.W. 13TH STREET, SUITE 300**
CITY-ST-ZIP **BOCA RATON FL 33432**

☐ DELETE

TITLE **VD**
NAME **KRAYNICK, JOHN A**
STREET ADDRESS **123 N.W. 13TH STREET, SUITE 300**
CITY-ST-ZIP **BOCA RATON FL 33432**

☐ DELETE

TITLE **STD**
NAME **SHAW, LAWRENCE**
STREET ADDRESS **123 N.W. 13TH STREET, SUITE 300**
CITY-ST-ZIP **BOCA RATON FL 33432**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VSTD**
1.2 NAME **Shapiro, David**
1.3 STREET ADDRESS **123 N.W. 13th Street, Suite 300**
1.4 CITY-ST-ZIP **Boca Raton, FL 33432**

☐ Change ☒ Addition

2.1 TITLE **V**
2.2 NAME **Rizzo, Domenic**
2.3 STREET ADDRESS **123 N.W. 13th Street, Suite 300**
2.4 CITY-ST-ZIP **Boca Raton, FL 33432**

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

600002492586--3

-04/17/98--01086--021

******158.75 ****158.75**

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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, trustee, or assignee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

John A. Kravnick, Vice President

561-391-4012

CP2E034 (10/97)