

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N95000000650

**Entity Name:** PEMBROKE FALLS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jul 08, 2015**  
**Secretary of State**  
**CC0714622361**

**Current Principal Place of Business:**

1651 N.W. 136TH AVENUE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

C/O CASTLE MANAGEMENT  
12270 SW 3RD STREET SUITE 200  
PLANTATION, FL 33325 US

**FEI Number:** 65-0696334

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBE, P.A.  
201 ALHAMBRA CIRCLE, 11TH FLOOR  
CORAL GABLES, FL 33134 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:** SIEGFRIED RIVERA

07/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT, PHASE 1 REPRESENTATIVE	Title	VP, PHASE 6 REPRESENTATIVE
Name	TADROS , MICHAEL	Name	ROBBINS, JR
Address	1651 NW 136TH AVE	Address	1651 NW 136TH AVE
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33026
Title	TREASURER, PHASE 5A REPRESENTATIVE	Title	SECRETARY
Name	HARGIS, LARRY	Name	MASTERS, LORIE
Address	1651 NW 136 AVENUE	Address	1651 NW 136 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028
Title	DIRECTOR, PHASE 2 REPRESENTATIVE	Title	DIRECTOR
Name	MCDONALD, ROY	Name	HUS, GADI
Address	1651 NW 136 AVENUE	Address	1651 NW 136 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028
Title	DIRECTOR, PHASE 5 REPRESENTATIVE	Title	DIRECTOR, PHASE 4 REPRESENTATIVE
Name	PATTERSON, SCOTT	Name	DEIDAN, CECILIA
Address	1651 NW 136 AVENUE	Address	1651 NW 136 AVENUE.
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL TADROS

PRESIDENT

07/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, PHASE 7 REPRESENTATIVE  
Name HYATT, ED  
Address 1651 NW 136 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name FERNANDEZ, MIGUEL  
Address 1651 NW 136 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR, PHASE 4A  
REPRESENTATIVE  
Name VOLKERS, SCOTT  
Address 1651 NW 136 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028