

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N95000000650

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

**FILED**  
**Dec 03, 2020**  
**Secretary of State**  
**7806355189CC**

**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

12/03/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT PHASE 1 REPRESENTATIVE  
Name VARGAS, HERB  
Address 1651 NW 136TH AVE  
City-State-Zip: PEMBROKE PINES FL 33028

Title VP, PHASE 2 REPRESENTATIVE  
Name AMIDON, MARK  
Address 1651 NW 136TH AVE  
City-State-Zip: PEMBROKE PINES FL 33026

Title TREASURER, PHASE 4 REPRESENTATIVE  
Name THOMAS, JOBY  
Address 1651 NW 136 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title SECRETARY, PHASE 7 REPRESENTATIVE  
Name PITTMAN, LAMONT  
Address 1651 NW 136 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

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

Title DIRECTOR, PHASE 5A REPRESENTATIVE  
Name LARSON, SONIA  
Address 1651 NW 136 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR, PHASE 5 REPRESENTATIVE  
Name SAFARI, PARVANEH  
Address 1651 NW 136 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR, PHASE 6 REPRESENTATIVE  
Name ROBBINS, J.R.  
Address 1651 NW 136 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

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*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:** HERB VARGAS

PRESIDENT

12/03/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR AT LARGE  
Name HUS, GADI  
Address 1651 NW 136 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR AT LARGE  
Name IGLESIAS, ALINA  
Address 1651 NW 136 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR AT LARGE  
Name CHEN, HUGH  
Address 1651 NW 136 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028