


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90142 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N18001					
1. Corporation Name PEMBRIDGE D CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, SUITE 204C DELRAY BEACH FL 33484			Mailing Address C/O PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, SUITE 204C DELRAY BEACH FL 33484		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/01/1986	
22 City & State		27 City & State		4. FEI Number 59-2821484	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WEINER, MYRA 15216 LAKE OF DELRAY BLVD #134 DELRAY BEACH FL 33484			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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	FREID, BERNARD				
STREET ADDRESS	15216 LKS OF DELRAY BLVD				
CITY-ST-ZIP	DELRAY BCH FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	WEINER, MYRA				
STREET ADDRESS	15216 LKS OF DELRAY BLVD #134				
CITY-ST-ZIP	DELRAY BCH FL				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	ROGEL, MORRIS				
STREET ADDRESS	15216 LAKES OF DELRAY BLVD #145				
CITY-ST-ZIP	DELRAY BCH FL 33484				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	HARRIS, SYLVIA				
STREET ADDRESS	15216 LAKES OF DELRAY BLVD #145				
CITY-ST-ZIP	DELRAY BCH FL 33484				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	MILIAM, SIMON				
STREET ADDRESS	15216 LAKES OF DELRAY BLVD #125				
CITY-ST-ZIP	DELRAY BEACH FL 33484				
TITLE	P	<input checked="" type="checkbox"/> DELETE			
NAME	WEINER, MYRA				
STREET ADDRESS	15216 LAKE DELRAY BLVD SUITE 134				
CITY-ST-ZIP	DELRAY BEACH FL 33484				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (1/98)

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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Miriam Simon Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIRIAM SIMON 3-10-99 561-496-3233
Date Daytime Phone #