## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 21, 2006 8:00 am Secretary of State

04-21-2006 90103 042 \*\*\*\*61.25

1 1/ 1/ 1 IBAL KII 44 KIA 0/1/14	
DOCUMENT # N18001	



PEMBRIDGE D CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O PHIL CITTADINO MANAGEMENT, INC. C/O PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, SUITE 204C 14000 MILITARY TRAIL, SUITE 204C **DELRAY BEACH, FL 33484** DELRAY BEACH, FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 59-2821484 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEINER, MYRA 15216 LAKE OF DELRAY BLVD #134 Address,(P.O. Box Number is Not Acceptable) DELRAY BEACH, FL 33484 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE n TITLE ☐ Delete ☐ Change ☐ Addition KWLICK, JORDAN NAME NAME STREET ADDRESS 15216 LAKES OF DELRAY BLVD..# 127 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP SD TITLE ☐ Detete TITLE Change ☐ Addition NAME SUGARMAN, STANLEY NAME STREET ADDRESS 15216 LAKES OF DELRAY BLVD, # 152 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TD TOTIF ☐ Delete TITLE ☐ Change Addition NAME KOSS, ANN NAME STREET ADDRESS 15126 LAKES OF DELRAY BLVD, # 149 STREET ADDRESS DELRAY BCH, FL 33484 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BERNARD, FRIED STREET ADDRESS 15216 LAKES OF DELRAY BEND STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CETY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition SIMON, MIRIAM NAME NAME 15216 LAKES OF DELRAY BLVD., #125 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SI	CN	JΔ	TI	ID	⋤.

Kirkan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Gesident 4-10-06