FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 17 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23478 (3)

1. Corporation Name
PEMBRIDGE E CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
C/O SPECIALTY MANAGEMENT COMPANY
220 CONGRESS PARK DRIVE, SUITE 200
DELRAY BEACH FL 33445

Mailing Address
C/O SPECIALTY MANAGEMENT COMPANY
220 CONGRESS PARK DRIVE, SUITE 200
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1987
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0025458 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
ST. JOHN & KING
C/O GEORGE SCHWIND
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
WEST PALM BEACH FL 33401

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☒ Change ☐ Addition
NAME	UGELOW, SEYMOUR	12 NAME	HECHT, SOL	
STREET ADDRESS	15450 PEMBRIDGE AVE #188	13 STREET ADDRESS	15450 PEMBRIDGE AVE # 186	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	DELRAY BEACH, FL.	
TITLE	VD	21 TITLE	PD	☒ Change ☐ Addition
NAME	GOLUB, EDWARD	22 NAME	GOLUB, EDWARD	
STREET ADDRESS	15450 PEMBRIDGE AVE #176	23 STREET ADDRESS	15450 PEMBRIDGE AVE # 176	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	DELRAY BEACH, FL.	
TITLE	VD	31 TITLE	TDV	☒ Change ☐ Addition
NAME	KRANTZ, NATHAN	32 NAME	GROSSE, HOWARD	
STREET ADDRESS	15450 PEMBRIDGE AVE #199	33 STREET ADDRESS	15450 PEMBRIDGE AVE #171	
CITY-ST-ZIP	DELRAY BCH FL	34 CITY-ST-ZIP	DELRAY BEACH, FL.	
TITLE	TD	41 TITLE	D	☒ Change ☐ Addition
NAME	WALTERS, WILLIAM	42 NAME	DORFMAN, SYLVIA	
STREET ADDRESS	15450 PEMBRIDGE AVE #189	43 STREET ADDRESS	15450 PEMBRIDGE AVE # 183	
CITY-ST-ZIP	DELRAY BCH FL	44 CITY-ST-ZIP	DELRAY BEACH, FLORIDA	
TITLE	FARB	51 TITLE	SD	☒ Change ☐ Addition
NAME	ER NAT	52 NAME	FARBER, NATHAN	
STREET ADDRESS	15450 PEMBRIDGE AVE #167	53 STREET ADDRESS	15450 PEMBRIDGE AVE # 167	
CITY-ST-ZIP	DELRAY BCH FL	54 CITY-ST-ZIP	DELRAY BEACH, FL.	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Howard Grosse 4/11/95 (407) 637-2254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012447