

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N23478**
1. Corporation Name

Pembridge E Condominium Assoc, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **11/16/87** 3a. Date of Last Report **4/95**

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

20.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH, FL 33463

4. FEI Number **65-0025458** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Edward Golub**
82 Street Address (P.O. Box Number is Not Acceptable) **15450 Pembridge Ave #176**
83
84 City **Delray Beach** FL 85 Zip Code **33484**

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 **Edward Golub** **Edward Golub** **April 11, 1996**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	AVD	<input type="checkbox"/> DELETE
NAME	Harold Romanoff	
STREET ADDRESS	15450 Pembridge Avenue #165	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Edward Golub	
STREET ADDRESS	15450 Pembridge Ave #176	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Sylvia Dorfman	
STREET ADDRESS	15450 Pembridge Ave #183	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	YD	<input type="checkbox"/> DELETE
NAME	William Walters	
STREET ADDRESS	15450 Pembridge Ave #189	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Nathan Krantz	
STREET ADDRESS	15450 Pembridge Ave #199	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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: **Edward Golub** **4/11/96** **407-641-8554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)