

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23478** (3)

1. Corporation Name

PEMBRIDGE E CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O G.R.S. MGMT. ASSOCIATES, INC
3900 WOODLAKE BLVD., STE 201
LAKE WORTH FL 33463

C/O G.R.S. MGMT. ASSOCIATES, INC
3900 WOODLAKE BLVD., STE 201
LAKE WORTH FL 33463-3045

3. Date Incorporated or Qualified
11/16/1987

3a. Date of Last Report
05/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

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

**GOLUB, EDWARD
15450 PEMBRIDGE AVE., #176
DELRAY BEACH FL 33484**

81 Name **KRANTZ, NATHAN**

82 Street Address (P.O. Box Number is Not Acceptable)

15450 PembrIDGE Ave # 199

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

Nathan Krantz, President

4/4/97

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AVD	<input checked="" type="checkbox"/> DELETE
NAME	ROMANOFF, HAROLD	
STREET ADDRESS	15450 PEMBRIDGE AVE #165	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOLUB, EDWARD	
STREET ADDRESS	15450 PEMBRIDGE AVE #176	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	WALTERS, WILLIAM	
STREET ADDRESS	15450 PEMBRIDGE AVE #189	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	DORFMAN, SYLVIA	
STREET ADDRESS	15450 PEMBRIDGE AVE #183	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	KRANTZ, NATHAN	
STREET ADDRESS	15450 PEMBRIDGE AVE #199	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	DELLON, JOSEPH
1.4 CITY-ST-ZIP	15450 PEMBRIDGE AVE #173 DELRAY BEACH, FL 33484
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S/D
2.3 STREET ADDRESS	FARBBER, NATHAN
2.4 CITY-ST-ZIP	15450 PEMBRIDGE AVE #167 DELRAY BEACH, FL 33484
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	P/D
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	

14. I do 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.

SIGNATURE:

Nathan Krantz, President

4/4/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043831

CR2E037 (9/96)