


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90065 002 \*\*\*\*61.25

|  |   |
|--|---|
| DOCUMENT # N23478<br>1. Entity Name<br>PEMBRIDGE E CONDOMINIUM ASSOCIATION, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>C/O PHIL CITTADINO MGMT INC.<br>14000 MILITARY TRAIL, SUITE 204C<br>DELRAY BEACH, FL 33484 | Mailing Address<br>C/O PHIL CITTADINO MGMT INC.<br>14000 MILITARY TRAIL, SUITE 204C<br>DELRAY BEACH, FL 33484 |
|---|---|

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02072008 No Chg-NP CR2E037 (4/06)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0025458                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BACKER, KEITH ESQ.  
 BACKER LAW FIRM  
 400 SOUTH DIXIE HWY, SUITE 420  
 BOCA RATON, FL 33432

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SILVERMAN, SHERRY<br>15450 PEMBRIDGE AVE #187<br>DELRAY BEACH, FL 33484 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>HENDLER, GILBERT<br>15450 PEMBRIDGE AVE #162<br>DELRAY BEACH, FL 33484  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>JERROSS, MARILYN<br>15450 PEMBRIDGE AVE #161<br>DELRAY BEACH, FL 33484  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ALTMAN, ROSALYN<br>15450 PEMBRIDGE AVE #181<br>DELRAY BEACH, FL 33484   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LINFANTE, JOHN<br>15450 PEMBRIDGE AVE #192<br>DELRAY BEACH, FL 33484    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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.

SIGNATURE: Marilyn Jerross - Marilyn Jerross      Date: 3-10-08      Daytime Phone #: (561)496-3233