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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27149 (6)

1. Corporation Name

PEMBRIDGE G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP INC
6300 PAOR OF COMMERCE BLVD
BOCA RATON FL 33487-8290
US%SPECIALTY MANAGEMENT COMPANY
220 CONGRESS PARK DRIVE, SUITE 200
DELRAY BEACH FL 33445-46053. Date Incorporated or Qualified
06/27/19883a. Date of Last Report
03/29/19964. FEI Number
65-0008082Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

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 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

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 ☐ DELETE
NAME WEISER, MIKE
STREET ADDRESS 15234 LAKE OF DELRAY BLVD. #272
CITY-ST-ZIP DELRAY BEACH FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME SHEAR, BERTRAM
1.3 STREET ADDRESS 15234 LKS OF DLRY #243
1.4 CITY-ST-ZIP DELRAY BCH., FL 33484TITLE VD ☐ DELETE
NAME TROSTIN, BEN
STREET ADDRESS 15234 LAKES OF DELRAY BLVD. #271
CITY-ST-ZIP DELRAY BEACH FL2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME WEISER, MIKE
2.3 STREET ADDRESS 15234 LKS OF DLRY #272
2.4 CITY-ST-ZIP DELRAY BCH., FL 33484TITLE P ☐ DELETE
NAME SHEAR, BERTAM
STREET ADDRESS 15234 LAKES OF DELRAY BLVD #243
CITY-ST-ZIP DELRAY BEACH FL3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME TROSTIN, BEN
3.3 STREET ADDRESS 15234 LKS OF DLRY #271
3.4 CITY-ST-ZIP DELRAY BCH., FL 33484TITLE S ☐ DELETE
NAME CHAMARA, NATHAM
STREET ADDRESS 15234 LAKES OF DELRAY BLVD #277
CITY-ST-ZIP DELRAY BEACH FL4.1 TITLE TD ☐ Change ☐ Addition
4.2 NAME JARETT, ESTELLE
4.3 STREET ADDRESS 15234 LKS OF DLRY #244
4.4 CITY-ST-ZIP DELRAY BCH., FL 33484TITLE TD ☐ DELETE
NAME JARETT, ESTELLE
STREET ADDRESS 15234 LAKES OF DELRAY BLVD., APT. 244
CITY-ST-ZIP DELRAY BCH FL5.1 TITLE SD ☒ Change ☐ Addition
5.2 NAME JARETT, ESTELLE
5.3 STREET ADDRESS 15234 LKS OF DLRY #244
5.4 CITY-ST-ZIP DELRAY BCH., FL 33484TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043184

CR2E037 (9/96)