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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N38848** (0)

1. Corporation Name

**PEMBRIDGE B CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**MR MORRIS J. WATSKY**  
 220 CONGRESS PARK DRIVE, SUITE 200  
 DELRAY BEACH FL 33132-2515

3. Date Incorporated or Qualified **06/28/1990** 3a. Date of Last Report **05/01/1994**  
 4. FEI Number **65-0214133** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 **SPECIALTY MGMT CO.** 26 **SPECIALTY MGMT CO**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **220 Congress Park Dr. #200** 27 **220 Congress Park Dr. #200**  
 City & State City & State  
 23 **Delray Beach, Fl 33445** 28 **Delray Beach, Fl. 33445**  
 Zip Country Zip Country  
 24 Country 25 Country 29 Country 30 Country

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/ SCHWIND, GEORGE**  
**500 AUSTRALIAN AVE S**  
**STE 600**  
**W PALM BCH 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDSTEIN, HERBERT 15301 PEMBRIDGE AVE #68 DELRAY BCH FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KATZ, SIMON 15301 PEMBRIDGE AVE. # 68 DELRAY BEACH, FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KATZ, SIMON 15301 PEMBRIDGE AVE #68 DELRAY BCH FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VD GELBER, ANNETTE 15301 PEMBRIDGE AVE # 58 DELRAY BEACH, FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HELPMAN, MURRAY 15301 PEMBRIDGE AVE #57 DELRAY BCH FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD GOLDSTEIN, HERBERT 15301 PEMBRIDGE AVE. # 66 DELRAY BEACH, FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERENSON, JACOB 15301 PEMBRIDGE AVE #80 DELRAY BCH FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD HELPMEN, MURRAY 15301 PEMBRIDGE AVE # 57 DELRAY BEACH, FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GELBER, ANNETTE 15301 PEMBRIDGE AVE., APT. 58 DELRAY BCH FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD GLICK, MARTIN 15301 PEMBRIDGE AVE #43 DELRAY BEACH, FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE: **3/29/95** 47499-1331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)