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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: \_

DOCUMENT # N38848

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PEMBRIDGE	В	<b>CONDOMINIUM</b>	ASSOCIATION.	INC.
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STE JOHN & KING/ SCHWIND, GEORGE 500 AUSTRALIAN AVE S STE 600 W PALM BCH FL 33401  11. Purposent to the processors of Sections 617,0502 and 617 1509, Florida Sistures, the above named corporation submits this statement for the purpose of changing its registered or registered apprint in the State of Florida. Sist of they are authorized by the corporation's board of directors. I hereby accept the appointment as registered apprint in the State of Florida. Sist of they are authorized by the corporation's board of directors. I hereby accept the appointment as registered apprint in the State of Florida. Sist of Energy and authorized by the corporation's board of directors. I hereby accept the appointment as registered apprint. I is registered apprint in the State of Florida. Sist of Energy and authorized by the corporation's board of directors. I hereby accept the appointment as registered apprint. I is registered apprint in the State of Florida. Sist of Energy and authorized by the corporation's board of directors. I hereby accept the appointment as registered apprint. I is registered apprint in the state accept the appointment as registered apprint. I is registered apprint in the State and accept the appointment as registered apprint. I is registered apprint in the state accept the appointment as registered apprint. I is registered apprint. I is registered apprint. I is registered apprint. I is stated apprint. I is registered apprint. I is stated apprint. I is registered  In it is registered apprint. I	24		O Name			Lanas	30		·····					
STE JOHN & KING/ SCHWIND, GEORGE 500 AUSTRALIAN AVE S STE 600 W PALM BCH FL 33401  11. Pursuant to the provisions of Socions 617.0502 and 817.1508, Florida Statutes, the above-nemed corporation authorist this statement for the purpose of changing its registered agant, or both, in the State of Florida Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered agant, or both, in the State of Florida Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered agant. It is a state of the obligations of, Section 017.0503, Florida Statutes.  SIGNATURE Spotters, profice for ref. of registered agant and the 7 atphicible  12. OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 MAKE 12. OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 MAKE 12. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 MAKE 12. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 MAKE 13. STREET ADDRESS 0.01Y-S1-2P  DELRAY BCH FL  PD  DELRAY BCH FL  10. DELETE 11. TITLE 10. DELETE 13.01 PEMBRIDGE AVE #68 23. STREET ADDRESS 15.01 PEMBRIDGE AVE #57 32. STREET ADDRESS 15.01 PEMBRIDGE AVE #68 32. STREET ADDRESS 15.01 PEMBRIDGE AVE #43 43. STREET ADDRESS 15.01 PEMBRIDGE AVE #43 45. STREET ADDRESS 45. STREET ADDRESS 55. STR		•	y, Ivalile	and Address of Contain	, negistered A	rgent		81	Name		10. Name and Address of	New Hegister	ad Agent	
STEE 600 W PALM BCH FL 33401  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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I haveby accept the appointment as registered agent, I state of Florida Such change was authorized by the corporation's board of directors. I haveby accept the appointment as registered agent, I state of Florida Statutes.  SIGNATURE    Signature   Sig		OT IOUN	I O MINIO	COLIMAND OFORCE					·					
STE 600 W PALM BCH FL 33401  11. Pursuant to the provisions of Sections 617,0502 and 517,1508, Fonds Statutes, the above-named corporation submits this statement for the purpose of charging its registered ror registered again, no look in the State of Florids Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered agent. It is a familiar with, and accept the obligations of, Section 617,0503, Fonds Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 HAME  GOLDSTEIN, HERBERT  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 HAME  GOLDSTEIN, HERBERT  12. HAME  GOLDSTEIN, HERBERT  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 HAME  COHEN, MACK  13. STREET ADDRESS  15301 PEMBRIDGE AVE #66  13. STREET ADDRESS  15301 PEMBRIDGE AVE #68  22. STREET ADDRESS  15301 PEMBRIDGE AVE #68  24. CITY - ST - 2PP  DELRAY BCH FL  10. Change Add  Additional Address  15301 PEMBRIDGE AVE #43  32. NAME  42. NAME  STREET ADDRESS  15301 PEMBRIDGE AVE #43  33. STREET ADDRESS  15301 PEMBRIDGE AVE #43  34. STREET ADDRESS  15301 PEMBRIDGE AVE #43  35. STREET ADDRESS									Street /	Address	ss (P.O. Box Number is Not Acceptable)			
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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/W. Florida Statutes Uturb.		I do hereby	certify that	the information supplied w	th this filing is	voluntarily fumisi	hed and	noas	not qual	lify for th	ne exemption stated in Section	0.119.07/3\/k)	Florida Statut	tee Lifurther
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 un oath; that I am an officer or director of the corporation or the receiver or todate empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attachment with an address.		certify that to oath; that I is	he intormat am an office	ion Indicated on this annua er or director of the comore	al report or supportion or the rec	piemental <b>ann</b> ua eiver or t <b>rastee</b> e	il report i embowe	is true	and acc	curate a	ind that my signature shall bar	ve the same led	ral effect as if	f made under