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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N38848 (0)
1. Corporation Name
PEMBRIDGE B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
% SPECIALTY MGMT CO 220 CONGRESS PARK DRIVE, SUITE 130 DELRAY BEACH FL 33445 US



2. Principal Place of Business Mailing Address
PRIME MGMT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487

3. Date Incorporated or Qualified 06/28/1990
3a. Date of Last Report 04/16/1996

4. FEI Number 65-0214133
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing / Political Fund Contribution \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 28 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST JOHN & KING/ SCHWIND, GEORGE
500 AUSTRALIAN AVE S
STE 600
W PALM BCH FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and DELETED checkbox. Rows include Goldstein, Herbert; Katz, Simon; Helfman, Murray; Cohen, Mack; Gelber, Annette.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change/Addition checkboxes. Rows include Cohen, Elaine; Cohen, Mack.

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: Murray Helfman Date: 4/17/97 Daytime Phone #: 0043167

CFR2E037 (9/96)