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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N38848

1. Corporation Name

PEMBRIDGE B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/28/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0214133	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Country	30	
25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

Myron Swift

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

I, the undersigned, as Secretary of State, certify that 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)

7/22/99
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, SIMON	1.2 NAME	same
STREET ADDRESS	15301 PEMBRIDGE AVE 68	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD Max Cohen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MACK	2.2 NAME	15301 Pembbridge Ave #56
STREET ADDRESS	15301 PEMBRIDGE AVE #56	2.3 STREET ADDRESS	Delray Beach, FL 33484
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELFMAN, MURRAY	3.2 NAME	same
STREET ADDRESS	15301 PEMBRIDGE AVE #57	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELBER, ANNETTE	4.2 NAME	same
STREET ADDRESS	15301 PEMBRIDGE AVE., APT. 58	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowers.

SIGNATURE:

SIGNATURE REQUIRED

Murray Helfman
 Signature and typed or printed name of signing officer or director

Healy
 Date

4/21/99
 Daytime Phone #

CR2E037 (1/98)