

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                 |                                                                                                           |                                                                                                 |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # N38848                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                                 |                                                                                                           |                |                                                                   |
| 1. Entity Name<br><b>PEMBRIDGE B CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                                                                                 |                                                                                                           |                                                                                                 |                                                                   |
| Principal Place of Business<br><b>PRIME MGMT GROUP INC<br/>6300 PARK OF COMMERCE BLVD<br/>BOCA RATON, FL 33487 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                                                                 | Mailing Address<br><b>PRIME MGMT GROUP INC<br/>6300 PARK OF COMMERCE BLVD<br/>BOCA RATON, FL 33487 US</b> |                                                                                                 |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | 3. Mailing Address                                                              |                                                                                                           |                                                                                                 |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | Suite, Apt. #, etc.                                                             |                                                                                                           |                                                                                                 |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    | City & State                                                                    |                                                                                                           | 4. FEI Number<br><b>65-0214133</b>                                                              |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | Country                                                                         |                                                                                                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                 |                                                                                                           | 7. Name and Address of New Registered Agent                                                     |                                                                   |
| <b>ST JOHN &amp; KING/ SCHWIND, GEORGE<br/>500 AUSTRALIAN AVE S<br/>STE 600<br/>W PALM BCH, FL 33401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |                                                                                 |                                                                                                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                              |                                                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                 |                                                                                                           | FL Zip Code                                                                                     |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                 |                                                                                                           |                                                                                                 |                                                                   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |                                                                                                           | <b>\$5.00 May Be Added to Fees</b>                                                              |                                                                   |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                                 |                                                                                                           |                                                                                                 |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                                                                 |                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                           |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                                 | <input type="checkbox"/> Delete                                                 |                                                                                                           | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>GELBER, ANNETTE</b>             |                                                                                 |                                                                                                           | NAME                                                                                            | <b>U00000615519</b>                                               |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>15301 PEMBRIDGE AVENUE # 58</b> |                                                                                 |                                                                                                           | STREET ADDRESS                                                                                  | <b>02/06/07-80074-017 61.25</b>                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DELRAY BEACH, FL 33484</b>      |                                                                                 |                                                                                                           | CITY-ST-ZIP                                                                                     |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                                  | <input type="checkbox"/> Delete                                                 |                                                                                                           | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>COHEN, MAX</b>                  |                                                                                 |                                                                                                           | NAME                                                                                            |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>15301 PEMBRIDGE AVE #56</b>     |                                                                                 |                                                                                                           | STREET ADDRESS                                                                                  |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DELRAY BCH, FL 33484</b>        |                                                                                 |                                                                                                           | CITY-ST-ZIP                                                                                     |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TD                                 | <input type="checkbox"/> Delete                                                 |                                                                                                           | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>HELFMAN, MURRAY</b>             |                                                                                 |                                                                                                           | NAME                                                                                            |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>15301 PEMBRIDGE AVE #57</b>     |                                                                                 |                                                                                                           | STREET ADDRESS                                                                                  |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DELRAY BCH, FL 33484</b>        |                                                                                 |                                                                                                           | CITY-ST-ZIP                                                                                     |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VD                                 | <input type="checkbox"/> Delete                                                 |                                                                                                           | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>GUTTENDER, JERRY S</b>          |                                                                                 |                                                                                                           | NAME                                                                                            |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>15301 PEMBRIDGE AVENUE # 53</b> |                                                                                 |                                                                                                           | STREET ADDRESS                                                                                  |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DELRAY BEACH, FL 33484</b>      |                                                                                 |                                                                                                           | CITY-ST-ZIP                                                                                     |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SD                                 | <input type="checkbox"/> Delete                                                 |                                                                                                           | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>HELFMAN, SONNY</b>              |                                                                                 |                                                                                                           | NAME                                                                                            |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>15301 PEMBRIDGE AVE 57</b>      |                                                                                 |                                                                                                           | STREET ADDRESS                                                                                  |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DELRAY BEACH, FL 33484</b>      |                                                                                 |                                                                                                           | CITY-ST-ZIP                                                                                     |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    | <input type="checkbox"/> Delete                                                 |                                                                                                           | TITLE                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                 |                                                                                                           | NAME                                                                                            |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                 |                                                                                                           | STREET ADDRESS                                                                                  |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                                                 |                                                                                                           | CITY-ST-ZIP                                                                                     |                                                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                    |                                                                                 |                                                                                                           |                                                                                                 |                                                                   |
| SIGNATURE: <u><i>Murray Helfman Treas 1/8/07</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                 |                                                                                                           |                                                                                                 |                                                                   |
| <small>Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                                                 |                                                                                                           |                                                                                                 |                                                                   |