

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90008 049 \*\*\*\*61.25



**DOCUMENT # N38848**  
 1. Entity 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**

40006076



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0214133**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**ST JOHN & KING/ SCHWIND, GEORGE**  
**500 AUSTRALIAN AVE S**  
**STE 600**  
**W PALM BCH, FL 33401**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GELBER, ANNETTE	
STREET ADDRESS	15301 PEMBRIDGE AVENUE # 58	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, MAX	
STREET ADDRESS	15301 PEMBRIDGE AVE #56	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HELFMAN, MURRAY	
STREET ADDRESS	15301 PEMBRIDGE AVE #57	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE	VD <del>GUHENBERG</del> GUTTENGER, JERRY S	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	15301 PEMBRIDGE AVENUE # 53	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HELFMAN, SONNY	
STREET ADDRESS	15301 PEMBRIDGE AVE 57	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *Annette Gelber, Pres.* **1/1/2008** **496-5787**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #