

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90153 050 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0214133**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PD KATZ, SIMON**
STREET ADDRESS **15301 PEMBRIDGE AVE 68**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD COHEN, MAX**
STREET ADDRESS **15301 PEMBRIDGE AVE #56**
CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE Change Addition
NAME **Cohen, Max**
STREET ADDRESS **15301 Pembbridge Ave # 56**
CITY-ST-ZIP **Delray Beach, FL - 33484**

TITLE Delete
NAME **TD HELFMAN, MURRAY**
STREET ADDRESS **15301 PEMBRIDGE AVE #57**
CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD GELBER, ANNETTE**
STREET ADDRESS **15301 PEMBRIDGE AVE., APT. 58**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HELFMAN, SONNY**
STREET ADDRESS **15301 PEMBRIDGE AVE 57**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE Change Addition
NAME **S D Helfman, Sunny**
STREET ADDRESS **15301 Pembbridge Ave # 59**
CITY-ST-ZIP **Delray Beach, FL - 33484**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *[Signature]*

4/25/03

CR2E037 (10/02)