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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:39

DOCUMENT # **N27149** **(6)**

1. Corporation Name

PEMBRIDGE G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%SPECIALTY MANAGEMENT COMPANY 220 CONGRESS PARK DRIVE, SUITE 200 DELRAY BEACH FL 33445	%SPECIALTY MANAGEMENT COMPANY 220 CONGRESS PARK DRIVE, SUITE 200 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0006062 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ST JOHN & KING 500 AUSTRALIAN AVENUE, SUITE 600 WEST PALM BEACH 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SHEAR, BERTRAM	1.2 NAME	WEISER, MIKE
STREET ADDRESS	15234 LAKES OF DELRAY BLVD., APT. 243	1.3 STREET ADDRESS	15234 LAKES OF DELRAY BLVD. # 272
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	DELRAY BEACH, FL.
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	WEISER, MORRIS	2.2 NAME	TROSTIN, BEN
STREET ADDRESS	15234 LAKES OF DELRAY BLVD 272	2.3 STREET ADDRESS	15234 LAKES OF DELRAY BLVD. # 271
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	DELRAY BEACH, Fl.
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	KOPMAN, ABRAHAM	3.2 NAME	LUONGO, PAT
STREET ADDRESS	15234 LAKES OF DELRAY BLVD.	3.3 STREET ADDRESS	15234 LAKES OF DELRAY BLVD. # 279
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	DELRAY BEACH, FL.
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	WEINREB, MARILYN	4.2 NAME	SPERBER, ESTER
STREET ADDRESS	15234 LAKES OF DELRAY BLVD 248	4.3 STREET ADDRESS	15234 LAKES OF DELRAY BLVD. # 258
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	DELRAY BEACH, FL.
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	JARETT, ESTELLE	5.2 NAME	
STREET ADDRESS	15234 LAKES OF DELRAY BLVD., APT. 244	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Estelle Jarett 3/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required Effective 1)

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