

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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06-01-1999 00029 039 ***297.50
N27149

FILED

99 JUN 18 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27149
1. Corporation Name
Pembroke G Condominium Association, Inc.

Principal Place of Business Mailing Address
% Prime Management % Prime Management
6300 Park of Commerce Blvd. 6300 Park of Commerce Blvd.
Boca Raton, Fl. 33487 Boca Raton, Fl. 33487

REINSTATEMENT

98-99
780
6/10/99

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 4. FEI Number 65-0080822 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent S Swatt, Myron 6300 Park of Commerce Blvd. Boca Raton, Fl. 33487		10. Name and Address of New Registered Agent 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 617.0502 and 617.0508, 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 changes are authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and understand, the obligations of a registered agent under Section 617.0503, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: <i>5/24/99</i>		

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Irving Strumpf #273 15234 Lakes of Delray Blvd. Delray Beach, Fl. 33484	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 1st NAME VPD STREET ADDRESS CITY-ST-ZIP	Ruby Nudelman #279 15234 Lakes of Delray Blvd. Delray Beach, Fl. 33484	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 2nd NAME VPD STREET ADDRESS CITY-ST-ZIP	Norman Gendel #257 15234 Lakes of Delray Blvd. Delray Beach, Fl. 33484	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Tex Rittner #275 15234 Lakes of Delray Blvd. Delray Beach, Fl. 33484	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Esther Sperber #258 15234 Lakes of Delray Blvd. Delray Beach, Fl. 33484	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *Tex Rittner*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/99 561-499-5698
Date Daytime Phone #

CR2E037 (1/98)