

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90096 027 *****61.25

DOCUMENT # N27149

1. Entity Name

PEMBRIDGE G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP INC
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US

PRIME MANAGEMENT GROUP INC
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0008082

Applied For

Not Applicable

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

SWATT, MYRON
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

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.

SIGNATURE

Swatt, Myron T

Signature, typed or printed name of registered agent and title if applicable.

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEAR, BERT	
STREET ADDRESS	15234 LAKES OF DELRAY BLVD #243	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	NUDELMAN, RUBIN	
STREET ADDRESS	15234 LAKES OF DELRAY BLVD., #279	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	WEISER, MICHAEL	
STREET ADDRESS	15234 LAKES OF DELRAY #272	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RITTNER, TEX	
STREET ADDRESS	15234 LAKES OF DELRAY BLVD., #275	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AUERBACH, EVA	
STREET ADDRESS	15234 LAKES OF DELRAY BLVD #249	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warren, Harold	
STREET ADDRESS	15234 Lks of Delray Blvd #274	
CITY-ST-ZIP	Delray Beach, FL 33484	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nudelman, Rubin	
STREET ADDRESS	15234 Lks of Delray Blvd #279	
CITY-ST-ZIP	Delray Beach, FL 33484	
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 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 (561) 995-403

Date

Daytime Phone #

CR2E037 (9/01)