

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18001

**Entity Name:** PEMBRIDGE D CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O OXFORD ASSOCIATION MANAGEMENT  
2950 NW COMMERCE PARK DRIVE SUITE # 3  
BOYNTON BEACH, FL 33426**Current Mailing Address:**C/O OXFORD ASSOCIATION MANAGEMENT  
2950 NW COMMERCE PARK DRIVE SUITE 3  
BOYNTON BEACH, FL 33426 US**FEI Number:** 59-2821484**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BACKER, KEITH F ESQ.  
BACKER LAW FIRM  
400 S DIXIE HWY 420  
BOCA RATON, FL 33432 US*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:** KEITH F BACKER

02/25/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	BARBACH, GENE
Address	15216 LAKES OF DELRAY BLVD.,# 139

City-State-Zip: DELRAY BEACH FL 33484

Title	SECRETARY
Name	LEVITTAN, THELMA
Address	15126 LAKES OF DELRAY BLVD, # 141

City-State-Zip: DELRAY BCH FL 33484

Title	VP
Name	LEVIN, LNNY
Address	15216 LAKES OF DELRAY BLVD # 126

City-State-Zip: DELRAY BCH FL 33484

Title	VP
Name	SUGARMAN, STANLEY
Address	15216 LAKES OF DELRAY BLVD, # 152

City-State-Zip: DELRAY BEACH FL 33484

Title	PRESIDENT
Name	SIMON, ED
Address	15216 LAKES OF DELRAY BLVD # 125

City-State-Zip: DELRAY BCH FL 33484

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARD SIMON

PRESIDENT

02/25/2021

Electronic Signature of Signing Officer/Director Detail

Date