

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27149

Entity Name: PEMBRIDGE G CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O WEST BROWARD COMMUNITY MANAGEMENT
820 S. STATE RD 7
PLANTATION, FL 33317**Current Mailing Address:**820 S. STATE ROAD 7
PLANTATION, FL 33317 US**FEI Number:** 65-0080822**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POLIAKOFF BACKER
400 SOUTH DIXIE HIGHWAY, SUITE 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

07/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	WRIGHT, JEFF	Name	SILVERMAN, KAREN
Address	C/O WEST BROWARD COMMUNITY MANAGEMENT 820 S. STATE RD 7	Address	C/O WEST BROWARD COMMUNITY MANAGEMENT 820 S. STATE RD 7
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317
Title	DIRECTOR	Title	SECRETARY
Name	KURITSKY, BARBARA	Name	PENA, EDUARDO
Address	C/O WEST BROWARD COMMUNITY MANAGEMENT 820 S. STATE RD 7	Address	C/O WEST BROWARD COMMUNITY MANAGEMENT 820 S. STATE RD 7
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317
Title	TREASURER		
Name	JACOBS, ROSEMARY		
Address	C/O WEST BROWARD COMMUNITY MANAGEMENT 820 S. STATE RD 7		
City-State-Zip:	PLANTATION FL 33317		

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: JEFF WRIGHT

PRESIDENT

07/31/2023

Electronic Signature of Signing Officer/Director Detail

Date