

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007071

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**2157905404CC**

**Entity Name:** PEMBROKE COMMERCE CENTER ASSOCIATION INC.

**Current Principal Place of Business:**

1800 WAZEE STREET  
SUITE 500  
DENVER, CO 80202

**Current Mailing Address:**

1800 WAZEE STREET  
SUITE 500  
DENVER, CO 80202 US

**FEI Number: 74-3048241**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           NEKRITZ, EDWARD S.  
Address        1800 WAZEE STREET  
                  SUITE 500  
City-State-Zip: DENVER CO 80202

Title           MANAGING DIRECTOR  
Name           BLAIR, MICHAEL T.  
Address        1800 WAZEE STREET  
                  SUITE 500  
City-State-Zip: DENVER CO 80202

Title           CEO  
Name           REILLY, EUGENE F.  
Address        1800 WAZEE STREET  
                  SUITE 500  
City-State-Zip: DENVER CO 80202

Title           TREASURER  
Name           ARNOLDT, TIMOTHY D.  
Address        1800 WAZEE STREET  
                  SUITE 500  
City-State-Zip: DENVER CO 80202

*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: MICHAEL T. BLAIR**

**MANAGING DIRECTOR**

**02/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date