

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90066 024 ****61.25

DOCUMENT # N16630

1. Entity Name
PEMBRIDGE C CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
14000 MILITARY TRAIL
SUITE 204-C
DELRAY BEACH, FL 33484 US

Mailing Address
14000 MILITARY TRAIL
SUITE 204-C
DELRAY BEACH, FL 33484 US

DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2739142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BACKER, KEITH ESQ.
BACKER LAW FIRM
400 SOUTH DIXIE HWY., STE. 420
BOCA RATON, FL 33432

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25.
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP WIENER, MORTON 15217 LAKES OF DELRAY BLVD C95 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOCH, ARNOLD 15217 LAKES OF DEL RAY BLVD APT #91 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLFSON, MALCOLM 15217 LAKES OF DELRAY BLVD C 92 DELRAY BCH., FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LITTMAN, RUTH 15217 LAKES OF DELRAY BLVD C116 DELRAY BCH., FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP STEINHORN, ALAN 15217 LAKES OF DELRAY BLVD C118 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/08 561-496-7706