


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90089 015 ****61.25

DOCUMENT # N18001 1. Entity Name PEMBRIDGE D CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, SUITE 204C DELRAY BEACH, FL 33484				Mailing Address C/O PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, SUITE 204C DELRAY BEACH, FL 33484	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2821484	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03292005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEINER, MYRA 15216 LAKE OF DELRAY BLVD #134 DELRAY BEACH, FL 33484			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D.	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERN, JEROME		NAME	Kulick, JORDAN	
STREET ADDRESS	15216 LAKES OF DELRAY BLVD., #132		STREET ADDRESS	15216 Lakes of Delray Blvd #127	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINER, MYRA		NAME	Sugarman, Stanley	
STREET ADDRESS	15216 LKS OF DELRAY BLVD #134		STREET ADDRESS	15216 Lakes of Delray Blvd #152	
CITY-ST-ZIP	DELRAY BCH, FL		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGEL, MORRIS		NAME	KOSS, ANN	
STREET ADDRESS	15216 LAKES OF DELRAY BLVD #145		STREET ADDRESS	15216 Lakes of Delray Blvd #149	
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		
NAME	BERNARD, FRIED		NAME		
STREET ADDRESS	15216 LAKES OF DELRAY BEND		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	SIMON, MIRIAM		NAME		
STREET ADDRESS	15216 LAKES OF DELRAY BLVD., #125		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Miriam Simon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/4/05 Daytime Phone #: 561-496-3233		