


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23478** (3)
1. Corporation Name
PEMBRIDGE E CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O G.R.S. MGMT. ASSOCIATES, INC 3900 WOODLAKE BLVD. STE 201 LAKE WORTH FL 33463	Mailing Address C/O G.R.S. MGMT. ASSOCIATES, INC 3900 WOODLAKE BLVD. STE 201 LAKE WORTH FL 33463
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3. Date incorporated or Qualified
11/16/1987

4. FEI Number 65-0025458	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

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

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

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KRANTZ, NATHAN
15450 PEMBRIDGE AVE.
#199
DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DELLON, JOSEPH	
STREET ADDRESS	15450 PEMBRIDGE AVE., #173	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FARBER, NATHAN	
STREET ADDRESS	15450 PEMBRIDGE AVE., #167	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	WALTERS, WILLIAM	
STREET ADDRESS	15450 PEMBRIDGE AVE #189	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	DORFMAN, SYLVIA	
STREET ADDRESS	15450 PEMBRIDGE AVE #183	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRANTZ, NATHAN	
STREET ADDRESS	15450 PEMBRIDGE AVE #199	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	GROSSE, HOWARD
4.4 CITY-ST-ZIP	15450 Pembroke Ave #171 Delray Beach, FL 33484
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* *Howard Grosse VP* *4/23/98* **561-641-8554**

CR2E037 (10/97)