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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23478

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/16/1987

21

26

4. FEI Number

Applied For

Suite, Apt. #, etc.

Suite, Apt. #, etc.

65-0025458

Not Applicable

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **DELLON, JOSEPH**
STREET ADDRESS **15450 PEMBRIDGE AVE., #173**
CITY-ST-ZIP **DELRAY BEACH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DVP ☐ Change ☒ Addition

GOLUB, EDWARD
15450 PEMBRIDGE AVENUE #176
DELRAY BEACH, FL 33484

TITLE **SD** ☐ DELETE

NAME **FARBER, NATHAN**
STREET ADDRESS **15450 PEMBRIDGE AVE., #167**
CITY-ST-ZIP **DELRAY BEACH FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VPTD** ☒ DELETE

NAME **WALTERS, WILLIAM**
STREET ADDRESS **15450 PEMBRIDGE AVE #189**
CITY-ST-ZIP **DELRAY BCH FL 33484**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DAVD ☐ Change ☒ Addition

SILVERMAN, SHERRY
15450 PEMBRIDGE AVENUE #187
DELRAY BEACH, FL 33484

TITLE **D** ☐ DELETE

NAME **GROSSE, HOWARD**
STREET ADDRESS **15450 PEMBRIDGE AVE, #171**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DT ☒ Change ☐ Addition

TITLE **PD** ☐ DELETE

NAME **KRANTZ, NATHAN**
STREET ADDRESS **15450 PEMBRIDGE AVE #199**
CITY-ST-ZIP **DELRAY BCH FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/199
Date

561-641-8554
Daytime Phone #

CR2E037 (11/98)