

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-14-2008 90065 002 ****61.25

DOCUMENT # N23478

1. Entity Name
PEMBRIDGE E CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O PHIL CITTADINO MGMT INC.
14000 MILITARY TRAIL, SUITE 204C
DELRAY BEACH, FL 33484

Mailing Address
C/O PHIL CITTADINO MGMT INC.
14000 MILITARY TRAIL, SUITE 204C
DELRAY BEACH, FL 33484



02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0025458

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, SUITE 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 P
NAME SILVERMAN, SHERRY
STREET ADDRESS 15450 PEMBRIDGE AVE #187
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE V
NAME HENDLER, GILBERT
STREET ADDRESS 15450 PEMBRIDGE AVE #162
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE T
NAME JERROSS, MARILYN
STREET ADDRESS 15450 PEMBRIDGE AVE #161
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE S
NAME ALTMAN, ROSALYN
STREET ADDRESS 15450 PEMBRIDGE AVE #181
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D
NAME LINFANTE, JOHN
STREET ADDRESS 15450 PEMBRIDGE AVE #192
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3-10-08 (561)496-3233

Date

Daytime Phone #