


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

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90011 010 \*\*\*\*61.25


|   |   |
|---|---|
| <b>DOCUMENT # N27149</b>                                    |  |
| 1. Entity Name<br>PEMBRIDGE G CONDOMINIUM ASSOCIATION, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>PRIME MANAGEMENT GROUP INC<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON, FL 33487 US | Mailing Address<br>PRIME MANAGEMENT GROUP INC<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON, FL 33487 US |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



01072008 Chg-NP CR2E037 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0080822 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b>             | <b>7. Name and Address of New Registered Agent</b> |
| SWATT, MYRON<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON, FL 33487 | 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when repstating) DATE \_\_\_\_\_

|   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to Florida Department of State</b> |
|---|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>POLLACK, GERY <input type="checkbox"/> Delete<br>15234 LAKES DELRAY BLVD, # 276<br>DELRAY BEACH, FL 33484                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>POLLACK, MARLENE <input type="checkbox"/> Delete<br>15234 LAKES OF DELRAY BLVD., #276<br>DELRAY BEACH, FL 33484          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>RITTNER, TEX <input type="checkbox"/> Delete<br>15234 LAKES OF DELRAY BLVD., #275<br>DELRAY BEACH, FL 33484               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEV<br>NUDELHAN, RUBIN <input type="checkbox"/> Delete<br>15324 LAKES OF DELRAY FL SUITE 299<br>DELRAY BEACH, FL 33484          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>SHEAR, BEATRAH <input checked="" type="checkbox"/> Delete<br>15234 LAKES OF DELRAY FL SUITE 243<br>DELRAY BEACH, FL 33484 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** Tex Rittner **TEX RITTNER (TREAS)** 1/11/08 561 499-5698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #