


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90390 042 ****61.25

DOCUMENT # N28449 1. Entity Name PEMBRIDGE H CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O CITTADINO MMGMT INC 14000 MILITARY TRAIL #204-C DELRAY BEACH, FL 33484 US			Mailing Address C/O CITTADINO MMGMT INC 14000 MILITARY TRAIL #204-C DELRAY BEACH, FL 33484 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0080825	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ST. JOHN AND KING 500 AUSTRALIAN AVENUE SOUTH SUITE 600 WEST PALM BEACH, FL 33401			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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		TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, LILLIAN <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	15235 LAKES OF DELRAY BEND #315		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WORTZMON, SIDNEY		NAME	LEVENSON, PHILLIP	
STREET ADDRESS	15235 LAKES OF DELRAY BLVD #302		STREET ADDRESS	15235 Lakes of Delray Blvd #288	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZEDES, EVELYN		NAME	Raskin, Marilyn	
STREET ADDRESS	15235 LAKES OF DELRAY BLVD #309		STREET ADDRESS	15235 Lakes of Delray Blvd #297	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	Cohen, Kenneth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRENNER, MIKE		NAME	15235 Lakes of Delray Blvd #312	
STREET ADDRESS	15235 LAKES OF DELRAY BLVD #286		STREET ADDRESS	Delray Beach, FL 33484	
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE		
NAME	ASTROW, HELLENE		NAME		
STREET ADDRESS	15235 LAKES OF DELRAY BLVD #307-291		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>Marilyn Raskin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-10-06		561-4963233
			Date		Daytime Phone #