


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90854 047 \*\*\*\*61.25

<b>DOCUMENT # N28449</b>	
1. Entity Name <b>PEMBRIDGE H CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O CITTADINO MMGMT INC 14000 MILITARY TRAIL #204-C DELRAY BEACH, FL 33484 US</b>	Mailing Address <b>C/O CITTADINO MMGMT INC 14000 MILITARY TRAIL #204-C DELRAY BEACH, FL 33484 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04192007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
<b>ST. JOHN AND KING 500 AUSTRALIAN AVENUE SOUTH SUITE 600 WEST PALM BEACH, FL 33401</b>	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COHEN, LILLIAN 15235 LAKES OF DELRAY BEND #315 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVENSON, PHILLIP 15235 LAKES OF DELRAY BLVD #288 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RASKIN, MARILYN 15235 LAKES OF DELRAY BLVD #297 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, KENNETH 15235 LAKES OF DELROY BLVD #312 DELRAY BCH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete ASTROW, HELLENE 15235 LAKES OF DELRAY BLVD #291 DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frankel, Mickey 15235 Lakes of Delray Blvd #285 Delray Bch, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruskin, May <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15235 Lakes of Delray Blvd #319 Delray Bch, FL 33484

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:** *Marilyn Raskin* **4-19-07 501-496-3233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #