

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28922 (5)**

1. Corporation Name
PEMBRIDGE F CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~C/O SPECIALTY MANAGEMENT COMPANY
220 CONGRESS PARK DRIVE, SUITE 200
DELRAY BEACH FL 33445~~ ~~15451 PEMBRIDGE DR
SUITE 240
DELRAY BEACH FL 33484
US~~

3. Date Incorporated or Qualified **10/19/1988** 3a. Date of Last Report **04/28/1995**

2. Principal Officer Mailing Address
21
22 **PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487**
23
24 City Zip Country

4. FEI Number **65-0086090** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ST JOHN & KING, ATTORNEYS
500 AUSTRALIAN AVE S
W PALM BEACH 33401**

10. Name and Address of New Registered Agent
81 **MYRON I. SWATT**
82 **PRIME MGMT. GROUP, INC.**
83 **6300 PRK. OF COMMERCE BLVD**
84 **BOCA RATON, FL. 33487**

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *Myron Swatt* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	PARNES, HOWARD	
STREET ADDRESS	15451 PEMBRIDGE DRIVE #240	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	BLITT, IRENE	
STREET ADDRESS	15451 PEMBRIDGE DR APT 212	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	LAZINSKI, FRED	
STREET ADDRESS	15451 PEBRIDGE DRIVE #238	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/>
NAME	PALAIS, RHODA	
STREET ADDRESS	15451 PEMBRIDGE DRIVE #231	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	<input type="checkbox"/>
NAME	LEONARD, VICTOR	
STREET ADDRESS	15451 PEMBRIDGE DRIVE #232	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	FRED KURTZ		
2.3 STREET ADDRESS	15451 PEMBRIDGE DR #237		
2.4 CITY-ST-ZIP	DELRAY BEACH FL 33484		
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	GEORGE AARON		
3.3 STREET ADDRESS	15451 PEMBRIDGE DR #209		
3.4 CITY-ST-ZIP	DELRAY BEACH FL 33484		
4.1 TITLE	TREASURER	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	VICE PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Rhoda Palais* **RHODA PALAIS** 3/11/96 407-495-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)