

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: C/O PRIME MGMT. GROUP, INC 6300 PRK. OF COMMERCE BLVD. BOCA RATON FL 33487  
Mailing Address: C/O PRIME MGMT. GROUP, INC 6300 PRK. OF COMMERCE BLVD. BOCA RATON FL 33487-8229

3. Date Incorporated or Qualified: 10/19/1988  
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0086090		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWATT, MYRON I. C/O PRIME MGMT. GROUP, INC 6300 PRK. OF COMMERCE BLVD. BOCA RATON FL 33487				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARNESS, HOWARD	1.2 NAME	PALAIS, RHODA
STREET ADDRESS	15451 PEMBRIDGE DRIVE #240	1.3 STREET ADDRESS	15451 PEMBRIDGE DR #240
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURTZ, FRED	2.2 NAME	SELTZER, BERNARD
STREET ADDRESS	15411 PEMBRIDGE DR # 237	2.3 STREET ADDRESS	15451 PEMBRIDGE DR #239
CITY-ST-ZIP	DELRAY BEACH FL 33482	2.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AARON, GEORGE	3.2 NAME	GOLDMAN, NORMAN
STREET ADDRESS	15451 PEMBRIDGE DR. # 209	3.3 STREET ADDRESS	15451 PEMBRIDGE DR # 235
CITY-ST-ZIP	DELRAY BEACH FL 33482	3.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALAIS, RHODA	4.2 NAME	LAZINSKY, FRED
STREET ADDRESS	15451 PEMBRIDGE DRIVE #231	4.3 STREET ADDRESS	15451 LKS OF DURY # 238
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, VICTOR	5.2 NAME	VICTOR, LEONARD
STREET ADDRESS	15451 PEMBRIDGE DRIVE #232	5.3 STREET ADDRESS	15451 LKS OF DURY
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ / 26/97 Rhoda Palais 495-8706

CR2E037 (9/96)