

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28922 (5)**  
1. Corporation Name  
**PEMBRIDGE F CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O PRIME MGMT. GROUP, INC 6300 PRK. OF COMMERCE BLVD BOCA RATON FL 33487</b>	Mailing Address <b>C/O PRIME MGMT. GROUP, INC 6300 PRK. OF COMMERCE BLVD. BOCA RATON FL 33487</b>
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3. Date Incorporated or Qualified <b>10/19/1988</b>	
4. FEI Number <b>65-0086090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>28</b>	City & State <b>29</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**SWATT, MYRON I.  
C/O PRIME MGMT. GROUP, INC  
6300 PRK. OF COMMERCE BLVD.  
BOCA RATON FL 33487**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**FL**

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**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>PALAIS, RHODA</b>	
STREET ADDRESS	<b>15451 PEMBRIDGE DRIVE, #231</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SELTZER, BERNARD</b>	
STREET ADDRESS	<b>15451 PEMBRIDGE DRIVE, #239</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDMAN, NORMAN</b>	
STREET ADDRESS	<b>15451 PEMBRIDGE DRIVE, #235</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>PALAIS, RHODA</b>	
STREET ADDRESS	<b>15451 PEMBRIDGE DRIVE #231</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>VICTOR, LEDNARD</b>	
STREET ADDRESS	<b>15451 PEMBRIDGE DRIVE #232</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>LAZINSKY, FRED</b>	
STREET ADDRESS	<b>15451 LAKES OF DELRAY, #238</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PALAIS, RHODA</b>	
1.3 STREET ADDRESS	<b>15451 PEMBRIDGE DR # 231</b>	
1.4 CITY-ST-ZIP	<b>DELRAY BCH., FL 33484</b>	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SELTZER, BERNARD</b>	
2.3 STREET ADDRESS	<b>15451 PEMBRIDGE DR # 239</b>	
2.4 CITY-ST-ZIP	<b>DELRAY BCH., FL 33484</b>	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>PARNES, HOWARD</b>	
3.3 STREET ADDRESS	<b>15451 PEMBRIDGE DR # 240</b>	
3.4 CITY-ST-ZIP	<b>DELRAY BCH., FL 33484</b>	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LAZINSKY, FRED</b>	
4.3 STREET ADDRESS	<b>15451 PEMBRIDGE DR # 238</b>	
4.4 CITY-ST-ZIP	<b>DELRAY BCH., FL 33484</b>	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VICTOR, LEONARD</b>	
5.3 STREET ADDRESS	<b>15451 PEMBRIDGE DR # 232</b>	
5.4 CITY-ST-ZIP	<b>DELRAY BCH., FL 33484</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Rhoda Palais* Rhoda Palais 1/19/98 495-8706

CR2E037 (10/97)