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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28922

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/19/1988

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME PALAIS, RHODA
 STREET ADDRESS 15451 PEMBRIDGE DR #231
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE VPD DELETE

NAME SELTZER, BERNARD
 STREET ADDRESS 15451 PEMBRIDGE DRIVE, #239
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D DELETE

NAME PARNES, HOWARD
 STREET ADDRESS 15451 PEMBRIDGE DR #240
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE TD DELETE

NAME LAZINSKY, FRED
 STREET ADDRESS 15451 PEMBRIDGE DR #238
 CITY-ST-ZIP DELRAY BCH FL 33484

TITLE SD DELETE

NAME VICTOR, LEDNARD
 STREET ADDRESS 15451 PEMBRIDGE DRIVE #232
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Howard Parnes Change Addition # 240

1.2 NAME
 1.3 STREET ADDRESS 15451 Pembriidge Drive
 1.4 CITY-ST-ZIP Delray Beach, FL 33484

2.1 TITLE P/VPD Norman Goldman Change Addition

2.2 NAME
 2.3 STREET ADDRESS 15451 Pembriidge Dr. #235
 2.4 CITY-ST-ZIP Delray Beach, FL 33484

3.1 TITLE SD Ruth Hecht Change Addition

3.2 NAME
 3.3 STREET ADDRESS 15451 Pembriidge Drive # 232
 3.4 CITY-ST-ZIP Delray Beach, FL 33484

4.1 TITLE TD Rhoda Palais Change Addition

4.2 NAME
 4.3 STREET ADDRESS 15451 Pembriidge Drive # 231
 4.4 CITY-ST-ZIP Delray Beach, FL 33484

5.1 TITLE 2 VPD Hy Schwartz Change Addition

5.2 NAME
 5.3 STREET ADDRESS 15451 Pembriidge Drive # 202
 5.4 CITY-ST-ZIP Delray Beach, FL 33484

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: X

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/14/99

795-8706
 Daytime Phone #

CR2E037 (1/198)