

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90046 005 \*\*\*\*61.25

**DOCUMENT # N28922**

1. Entity Name

**PEMBRIDGE F CONDOMINIUM ASSOCIATION, INC.**

**C0039846**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0086090**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. 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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PALAIS, RHODA	
STREET ADDRESS	15451 PEMBRIDGE DR #231	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDMAN, NORMAN	
STREET ADDRESS	15451 PEMBRIDGE DR. #235	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARNES, HOWARD	
STREET ADDRESS	15451 PEMBRIDGE DR #240	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PALAIS, RHODA	
STREET ADDRESS	15451 PEMBRIDGE DRIVE #231	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, HY	
STREET ADDRESS	15451 PEMBRIDGE DRIVE #202	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	I.V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schwartz, Hy	
STREET ADDRESS	15451 Pembbridge Drive # 202	
CITY-ST-ZIP	Delray Bch. Fl. 33484	
TITLE	P. NORMAN GOLDMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	15451 PEMBRIDGE DR # 235	
CITY-ST-ZIP	DELRAY-BEACH, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hershey, Jack	
STREET ADDRESS	15451 Pembbridge Dr. #221	
CITY-ST-ZIP	Delray Bch Fl. 33484	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hecht Ruth	
STREET ADDRESS	15451 Pembbridge Dr. 232	
CITY-ST-ZIP	Delray Bch. Fl. 33484	
TITLE	ZVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lazinsky Fred	
STREET ADDRESS	15451 Pembbridge Dr. #238	
CITY-ST-ZIP	Delray Bch Fl. 33484	

12. 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 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:** *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/22/2000**

Daytime Phone #: **495-9615**

CR2E037 (9/99)