


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90382 015 ****61.25

DOCUMENT # N33548 1. Entity Name PEMBRIDGE I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, STE. 204C DELRAY BEACH, FL 33484			Mailing Address C/O PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, STE. 204C DELRAY BEACH, FL 33484		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0149565	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BACKER, KEITH C/O BACKER LAW FIRM 136 E BOCA RATON RD <i>400 Dixie Highway #420</i> BOCA RATON, FL 33432				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASSMAN, ALICE <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	15251 LAKES OF DELRAY BLVD #350		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP		
TITLE	2VD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GINSBERG, SIDNEY		NAME	<i>2VD</i> <i>GELLER, ELAINE</i>	
STREET ADDRESS	15251 LAKES OF DELRAY BLVD #323		STREET ADDRESS	<i>15251 LAKES OF DELRAY BLVD #341</i>	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	<i>DELRAY BEACH, FL 33484</i>	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RABINOWITZ, TED		NAME		
STREET ADDRESS	15251 LAKES OF DELRAY BLVD #337		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALESKY, SHIRLEE		NAME		
STREET ADDRESS	15251 LAKES DELRAY BLVD., #346		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	1VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHERER, ESTHER		NAME		
STREET ADDRESS	15251 LAKES OF DELRAY BLVD #345		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.					
SIGNATURE: <i>Alice Glassman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4/25/06</i> <i>561-496-3233</i> <small>Date Daytime Phone #</small>		