

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90854 046 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**65-0149565**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BACKER, KEITH**  
**400 DIXIE HIGHWAY #420**  
**136 E BOCA RATON RD**  
**BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	GLASSMAN, ALICE	
STREET ADDRESS	15251 LAKES OF DELRAY BLVD #350	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	GELLER, ELAINE	
STREET ADDRESS	15251 LAKES OF DELRAY BLVD #341	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RABINOWITZ, TED	
STREET ADDRESS	15251 LAKES OF DELRAY BLVD #337	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SALESKY, SHIRLEE	
STREET ADDRESS	15251 LAKES DELRAY BLVD., #346	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	SCHERER, ESTHER	
STREET ADDRESS	15251 LAKES OF DELRAY BLVD #345	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUKENIK, MIRIAM	
STREET ADDRESS	15251 Lakes of Delray Blvd # 340	
CITY-ST-ZIP	Delray Beach, FL 33484	

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 all other like empowered.

**SIGNATURE:** Alice Glassman **4/19/07** **570-496-7233**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #