

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #N38848

1. Entity Name  
PEMBRIDGE B CONDOMINIUM ASSOCIATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL -7 AM 8:33

Principal Place of Business  
PRIME MGMT GROUP INC  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

Mailing Address  
PRIME MGMT GROUP INC  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0214133

Applied For  
Not Applicable

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

ST JOHN & KING/ SCHWIND, GEORGE  
500 AUSTRALIAN AVE S  
STE 600  
W PALM BCH, FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GELBER, ANNETTE  
STREET ADDRESS 15301 PEMBRIDGE AVENUE # 58  
CITY-ST-ZIP DELRAY BEACH, FL 33484 ☐ Delete

TITLE VD  
NAME  
STREET ADDRESS 400132921604  
CITY-ST-ZIP 07/15/08--01007--002 \*\*\$1.25 ☒ Change ☐ Addition

TITLE D  
NAME COHEN, MAX  
STREET ADDRESS 15301 PEMBRIDGE AVE #56  
CITY-ST-ZIP DELRAY BCH, FL 33484 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME HELFMAN, MURRAY  
STREET ADDRESS 15301 PEMBRIDGE AVE #57  
CITY-ST-ZIP DELRAY BCH, FL 33484 ☒ Delete

TITLE TD  
NAME CAROL KATZ  
STREET ADDRESS 15301 PEMBRIDGE AVE. #49  
CITY-ST-ZIP DELRAY BEACH, FL 33484 ☒ Change ☐ Addition

TITLE VD  
NAME GUHENBERG, JERRY S  
STREET ADDRESS 15301 PEMBRIDGE AVENUE # 53  
CITY-ST-ZIP DELRAY BEACH, FL 33484 ☐ Delete

TITLE PD  
NAME Sidney Guttenberg  
STREET ADDRESS NAME SPELLING  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD  
NAME HELFMAN, SONNY  
STREET ADDRESS 15301 PEMBRIDGE AVE 57  
CITY-ST-ZIP DELRAY BEACH, FL 33484 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP B 7/9/08 ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/08

Date

561  
638-0840

Daytime Phone #