

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90040 042 \*\*\*\*61.25

**DOCUMENT # N94000001268**

1. Entity Name  
**TROWBRIDGE C CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**14000 MILITARY TRAIL  
SUITE 204C  
DELRAY BEACH, FL 33484 US**

Mailing Address  
**14000 MILITARY TRAIL  
SUITE 204C  
DELRAY BEACH, FL 33484 US**

**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0542745**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BACKER, KEITH ESQ.  
400 S. DIXIE HWY.  
SUITE 240  
BOCA RATON, FL 33432**

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IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	KNOBEL, PHILIP
STREET ADDRESS	15342 LAKES OF DELRAY BLVD #83
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	T
NAME	CARMUSIN, MARILYN
STREET ADDRESS	15342 LAKES OF DELRAY BEACH BLVD #89
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	P
NAME	PULLMAN, PHYLIS
STREET ADDRESS	15342 LAKES OF DELRAY BLVD #102
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	S
NAME	ROSENTHAL, HARRIET
STREET ADDRESS	15342 LAKES OF DELRAY BLVD., APT 103
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D
NAME	PLATZNER, NORMA
STREET ADDRESS	15342 LAKES OF DELRAY BLVD., #82
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

**3-7-08**

Date

**561-496-3233**

Daytime Phone #