

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16630

**FILED**  
**Jan 25, 2024**  
**Secretary of State**  
**2827447558CC**

**Entity Name:** PEMBRIDGE C CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O OXFORD ASSOCIATION MANAGEMENT  
2950 NW COMMERCE PARK DRIVE SUITE 3  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

2950 NW COMMERCE PARK DRIVE, #3  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 59-2739142

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BACKER, KEITH F ESQ.  
BACKER LAW FIRM  
400 SOUTH DIXIE HWY., STE. 420  
BOCA RATON, FL 33432 US

*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:** KEITH F BACKER

01/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name NELSON, ROSS  
Address 15217 LAKES OF DEL RAY BLVD # 86  
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY  
Name MCCOSKER, EVELYN  
Address 15217 LAKES OF DELRAY BLVD # 107  
City-State-Zip: DELRAY BEACH FL 33484

Title TREASURER  
Name HOCH, BARBARA  
Address 15217 LAKES OF DELRAY BLVD # 91  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name NEMIROFF, PAUL  
Address 15217 LAKES OF DELRAY BLVD # 104  
City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT  
Name SCHWARZ, CHARLES  
Address 15217 LAKES OF DELRAY BLVD # 85  
City-State-Zip: DELRAY BEACH FL 33484

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES SCHWARZ

PRESIDENT

01/25/2024

Electronic Signature of Signing Officer/Director Detail

Date