

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90106 032 \*\*\*150.00

**DOCUMENT # 175601**

1. Entity Name

POMPANO SURF CLUB INC



Principal Place of Business

1100 SOUTH OCEAN BLVD  
POMANO BEACH FL 33062

Mailing Address

1100 SOUTH OCEAN BLVD  
POMANO BEACH FL 33062  
US

**50028769**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1266763

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

HUNT, ROBERT J.  
SUITE 400 WEST BUILDING  
1900 CORPORATE BLVD NW  
BOCA RATON FL 33431

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 *Robert J. Hunt*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DOUCET, DEL	
STREET ADDRESS	1100 S. OCEAN BLVD. B-6	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNETT, CHARLES	
STREET ADDRESS	1100 S OCEAN BLVD #C-6	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GIPSON, ROBERT	
STREET ADDRESS	1100 S. OCEAN BLVD. E-1	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	Director	<input type="checkbox"/> Delete
NAME	CLUNK, DENNY R	
STREET ADDRESS	1100 S. OCEAN BLVD., C-11	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLINE, BETTY	
STREET ADDRESS	1100 S OCEAN BLVD #B-4	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERTS, JOAN T	
STREET ADDRESS	1100 S. OCEAN BLVD. G-1	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN ROBERTS	
STREET ADDRESS	1100 S. Ocean Blvd E-1	
CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONNIE RICCI	
STREET ADDRESS	1100 S. Ocean Blvd E-14	
CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLIE BURNETT	
STREET ADDRESS	1100 S. Ocean Blvd C-6	
CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM BARYL	
STREET ADDRESS	1100 S. Ocean Blvd D-14	
CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY BUSH	
STREET ADDRESS	1100 S. Ocean Blvd A-14	
CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenda GERRAPUTA	
STREET ADDRESS	1100 S. Ocean Blvd D-12	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: *Joan T Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #