1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 721392

1. Corporation Name

THE CLARIDGE OF POMPANO CONDOMINIUM, INC.

Principal Place of Business								
1340 S OCEAN BLVD								
POMPANO BEACH FL 33062								

Mailing Address

1340 S OCEAN BLVD POMPANO BEACH FL 33062

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90018 035 \*\*\*\*61.25

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Principal Place of Business     Address     Mailing Address								te Incor	porated or Qua	lifed					
21	AME	26						<u> </u>							
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.					4. FEI Number 59-1437259					Applied For		
22	<u> </u>	27					38	Ja 140120a					Not Applicable		
City & Stat	e.	City & State					5. Certifcate of Status Desired					\$8.75 Additional Fee Required			
Zip	Country Zip Cou						6. Election Campaign Financing			,	\$5.00 May Be Added to Fees				
24 25 29 30								Trust Fund Contribution  10. Name and Address of New Registered A							
L	9. Name and Address of Current	Register	ed Agent	81	т	Name	10. Na	ine and	Addiess Of It	OM ICEBIS	10100 7	.gent			
LIVELY, LINDSEY									T LIVEL						
1340 S. OCEAN BLVD.					2 Street Address (P.O. Box Number is Not Acceptable) 1340 S. OCEAN BLVD.										
POMPANO	) BCH FL 33062			83	1		POM	PAN	) BEACH	FL	330	062		1	
				84	1	City					FL	85 Zi	Code		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.	1508, Florida Statutes	, the abov	/ <del>e</del> -	named co	orporation su	bmits th	is statement fo	r the purp		hanging	ts regist	ered	
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the Stale of am fangliar with, and becept the obligat	of Florida. ions of, Se	Such change was aut ection 617.0503, Floric	honzed by la Statute:	/ tì s.	he corpor	ration's board	of direc	otors. I hereby a	accept the	appoin	imeni as	registen	30	
SIGNATURE	Tendres G. Troits	LI	NDSEV IIV	FTV						4-2.	1 - 9 S	9		_	
12.	Aggnature, typed of printed napserol registrated agent			egistered Age	erst :	signature req	uired when reinst ADE	ating) DITIONS	/CHANGES TO			DIREC	ORS IN	V 12	
TITLE	PD	DINCOT	DELETE	1.1 TITLE	_	1						Chang		Addition	
NAME	LINDSEY LIVELY			1.2 NAME		İ									
STREET ADDRESS		• •		1.3 STREE		ADORESS								}	
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY-5		1									
TITLE	VPD		DELETE	2.1 TITLE								Chang	• 🔲	Addition	
NAME	DEGAETANO, PETER	- *	· 2*	2.2 NAME		- [			•		محصتن	= -		•	
STREET ADDRESS	1340 S OCEAN BLVD			2.3 STREE	ET A	ADDRESS								1	
CITY-ST-ZIP	POMPANO BEACH FL 33062			2. 4 CITY-	ST-	-ZIP									
TITLE	T		DELETE	3.1 TITLE							*	Chang	в ` 🖂	Addition	
NAME .	PESCHIO, DANIEL			3.2 NAME		1						•		1	
STREET ADDRESS	1340 S. OCEAN BLVD.			3.3 STREE	ET A	ADDRESS									
CITY-ST-ZIP	POMPANO BEACH FL			3.4. CITY-	ST	-ZIP				<u> </u>				A alalisi	
TITLE	S		☐ DELETE	4.1 TITLE		Ì						Chang	* 1	Addition	
NAME	KEITER, JOEL			4. 2 NAME		]					-			í	
STREET ADDRESS	1340 S OCEAN BLVD			4.3 STREE										Ì	
CITY-ST-ZIP	POMPANO BEACH FL 33062		DELETE	4.4 CITY-5	ST-				<u></u>			Chang	<u> </u>	Addition	
TITLE	AS CTOELVA		XT DECE IC	5.1 TITLE 5.2 NAME		AS			CURTIN	•		O. 10119	ں -	,	
NAME	LADISLAV, STRELKA   1340 S OCEAN BLVD			5.3 STREE		ADDRESS			OCEAN B			,		ļ	
STREET ADDRESS	POMPANO BEACH FL 33062			5.4 CITY-5		1	POMPA	NO 1	BEACH,	FL 3.	3062	2 .		٠ [	
CITY-ST-ZIP TITLE	FUNIFARO BEACH FL 33002		☐ DELETE	6.1 TITLE					<del></del>	<u></u>		☐ Chang	<u> </u>	Addition	
NAME				6.2 NAME		Ì						_			
NAME STREET ADDRESS				6.3 STREE	ET #	ADDRESS								ļ	
CITY-ST. 7IP				6.4 CITY-5	ST-	ZIP				•					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all office into provide the provided in 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 12 or Block 13 if changed, or on an attachment with an address, with all office like provided in 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 12 or Block 13 if changed, or on an attachment of the corporation of the corpora

SIGNATURE:

SI THE PROPERTY OF PRINTED PARKS OF SIGNING OFFICER OF PRINTED PARKS OF SIGNING OFFICER OF PARKS OF THE PRINTED PA

4-21-99

954-943-1440

Daytime Phone #

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