

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/4

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90164 006 \*\*\*\*61.25

**DOCUMENT # 721392**

1. Entity 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 33062-6904
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1437259</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>LIVELY, LINDSEY</b> 1340 S. OCEAN BLVD. POMPANO BCH FL 33062	7. Name and Address of New Registered Agent Name <b>GEORGE LONGOBARDI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1340 S. OCEAN BLVD. #503</b> City <b>POMPANO BEACH</b> FL Zip Code <b>33062</b>
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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.

SIGNATURE **GEORGE LONGOBARDI, PRES.** *George E. Longobardi* **4-24-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when registering) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LINDSEY LIVELY</b> 1340 S. OCEAN BLVD. POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. D GEORGE LONGOBARDI</b> 1340 S. Ocean Blvd. #503 POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DEGAETANO, PETER</b> 1340 S OCEAN BLVD POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ISAAC ALBOUKREK V.P. D</b> 1340 S. Ocean Blvd. #707 Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PESCHIO, DANIEL</b> 1340 S. OCEAN BLVD. POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY &amp; TREASURER D</b> <b>DANIEL PESCHIO</b> 1340 S. Ocean Blvd. #206 Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KEITER, JOEL</b> 1340 S OCEAN BLVD POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EUGENE PACIFICO D</b> 1340 S. Ocean Blvd. #1809 POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS CURTIN, WILLIAM</b> 1340 S OCEAN BLVD POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WILLIAM CURTIN D</b> 1340 S. Ocean Blvd. #301 Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOSEPH GINSBURG D</b> 1340 S. Ocean Blvd. #1405 Pompano Beach, FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *George E. Longobardi* **4-24-00** 954 943 1440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)