


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 721392**

1. Entity Name  
**THE CLARIDGE OF POMPANO CONDOMINIUM, INC.**



Principal Place of Business <b>1340 S OCEAN BLVD          POMPANO BEACH, FL 33062</b>	Mailing Address <b>1340 S OCEAN BLVD          POMPANO BEACH, FL 33062</b>
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**DO NOT WRITE IN THIS SPACE**



02182005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

**LIVELY, LINDSEY E  
 1340 S. OCEAN BLVD.  
 #1505  
 POMPANO BCH, FL 33062**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PESCHIO, DANIEL 1340 S OCEAN BLVD #206 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARD, GILLES 1340 S. OCEAN BLVD. #2101 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEARS, ARTHUR 1340 S. OCEAN BLVD. POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIVELY, LINDSEY 1340 S. OCEAN BLVD, #1505 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, DAVID 1340 S. OCEAN BLVD #907 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD WALSH, CHARLES 1340 S. OCEAN BLVD, #603 POMPANO BEACH, FL 33062

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 02/23/05-01058-001 61.25

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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 another like empowered.

**SIGNATURE:** *Lindsey E. Lively* **Lindsey E. Lively** *2/24/05* **2/24/05 954-943-1440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #