2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2000 8:00 am
Secretary of State
06-05-2000 90029 026 ****61.25

DOCUMENT # 745999

1. Entity Name

POM-TOR TOWNHOUSES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3240 NE 11TH ST POMPANO BEACH FL 33062	3240 NE 11TH ST POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2005484 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARTELLI, ED
3240 N.E. 11TH ST.
#202
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name: SALVADORE LIOTTA
Street Address (P.O. Box Number Is Not Acceptable): 3240 N.E. 11TH ST #205
City: POMPANO BEACH FL Zip Code: 33062

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: Salvadore Liotta 07/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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	D LIOTTA, SAL 3240 NE 11TH ST #205 POMPANO BCH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIOTTA, SALVADORE 3240 N.E. 11TH ST., #205 POMPANO BEACH, FL, 33062	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARTELLI, ED 32 MARY ST. WATERFORD CT	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PITTLEMAN, SHELDON 3244 N.E. 11TH ST, # 106 POMPANO BEACH, FL, 33062	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KUTCY, ANNE 3244 N E 11TH ST POMPANO BCH FL 33062	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDERSON, MARGARET 3240 N.E. 11 ST, # 204 POMPANO BEACH, FL, 33062	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: Salvadore Liotta 07/27/00 954-456-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

6/5/00-90029-026-$61.25-$61.25

DOCUMENT # 745999

1. Entity Name

POM-TOR TOWNHOUSES ASSOCIATION, INC.

Attachment
745999

107140

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3240 NE 11TH ST POMPANO BEACH FL 33062	3240 NE 11TH ST POMPANO BEACH FL 33062-3911

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2005484 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BARTELLI, ED~~
~~3240 N.E. 11TH ST.~~
~~#202~~
~~POMPANO BEACH FL 33062~~

7. Name and Address of New Registered Agent

Name: LIOTTA SALVADORE
Street Address (P.O. Box Number is Not Acceptable): 3240 N.E. 11TH ST. # 205
City: POMPANO BEACH FL Zip Code: 33062

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: Salvadore Liotta 07/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	D LIOTTA, SAL 3240 NE 11TH ST #205 POMPANO BCH FL 33062	☐ Delete	D LIOTTA, SALVADORE 3240 N.E. 11TH ST. #205 POMPANO BEACH, FL, 33062	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~BARTELLI, ED~~ ~~PITTLEMAN, SHELDON~~ ~~32 MAPLE ST.~~ 3244 NE 11 ST #106 ~~WATERFORD CT~~ POMPANO BEACH FL 33062	☐ Delete	~~SECRETARY~~ PD PITTLEMAN, SHELDON 3244 N.E. 11 ST. #106 POMPANO BEACH, FL, 33062	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~RUSSY, ANNE~~ ~~3244 N.E. 11TH ST~~ ~~POMPANO BCH FL 33062~~	☐ Delete	~~SECRETARY~~ SD ANDERSON, MARGARET 3240 NE 11 ST # 204 POMPANO BEACH, FL, 33062	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: ~~Salvadore Liotta~~ ED 05/24/00 954-456-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

745999
10714D

00060004 2586

POM-TOR TOWNHOUSES CONDOMINIUM, INC.
3240 N.E. 11TH ST.
POMPANO BEACH, FL 33062-3911

63-4/630 FL
1535

DATE May 24/00

PAY TO THE ORDER OF Department of State $ 61.25

Sixty one 25/100 DOLLARS

NationsBank
NationsBank, N.A.

ACH R/T 063000047

FOR 59-2005484

Salvatore Liotta

"00 2586" :063000047: 00346402 4248" Margaret Anderson

REFERENCE # 745999

Copy of check enclosed the first time I submitted this form. The check has been cashed (see back of this paper) so I have not sent another check.