

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90024 042 ****61.25

0035712

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**

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALVADORE LIOTTA
 3240 N.E. 11TH ST.
 #202
 POMPANO BEACH FL 33062**

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.

SIGNATURE

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 **D** ☐ Delete
 NAME **LIOTTA, SAL**
 STREET ADDRESS **3240 NE 11TH ST #205**
 CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **D** ☐ Change ☐ Addition
 NAME **LIOTTA, SAL**
 STREET ADDRESS **3240 N.E. 11TH ST, #205**
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **PD** ☐ Delete
 NAME **PITTMAN, SHELDON**
 STREET ADDRESS **3244 NE 11TH ST #106**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **PD** ☐ Change ☐ Addition
 NAME **PITTMAN, SHELDON**
 STREET ADDRESS **3244 N.E. 11TH ST, #106**
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **SD** ☐ Delete
 NAME **ANDERSON, MARGARET**
 STREET ADDRESS **3240 NE 11 ST #204**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **SD** ☐ Change ☐ Addition
 NAME **ANDERSON, MARGARET**
 STREET ADDRESS **3240 N.E. 11TH ST, #204**
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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: *Salvatore Liotta*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

954-456-6695
 Daytime Phone #

CR2E037 (10/00)