

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48672

1. Entity Name

POMPAÑO YACHT AND BEACH CLUB CONDOMINIUM ASSOCIA

Principal Place of Business

140 NE 28TH AVENUE
#105
POMPAÑO BEACH FL 33062
US

Mailing Address

140 NE 28TH AVENUE
#105
POMPAÑO BEACH FL 33062-4953
US

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

65-0346522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINERLEY, KENNETH L
980 N. FEDERAL HIGHWAY, SUITE 205
BOCA RATON FL 33432

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD GIGNAC, PIERRE 140 NE 28TH AVE., #309 POMPAÑO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEBLANC, MARTHE 140 NE 28TH AVE., #606 POMPAÑO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARON, ROSEMOND 140 NE 28TH AVE., #206 POMPAÑO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARON, LOUIS 140 NE 28TH AVE., #107 POMPAÑO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUPIN, GILLES 140 NE 28TH AVE., #208 POMPAÑO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Claude Decelles 140 NE 28th Ave #401 Pompano Beach FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Louis Caron 140 NE 28th Ave #107 Pompano Beach FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Audrey Roberts 140 NE 28th Ave #508 Pompano Beach FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilles Lupien 140 NE 28th Ave #208 Pompano Beach FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilles Chamberland 140 NE 28th Ave #504 Pompano Beach FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Audrey Roberts SD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 954-783-6868

Date

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90216 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)