

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90017 035 ****61.25

DOCUMENT # N48672

1. Entity Name
**POMPANO YACHT AND BEACH CLUB CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**140 NE 28TH AVENUE
#105
POMPANO BEACH, FL 33062 US**

Mailing Address
**3300 UNIVERSITY DR #405
CORAL SPRINGS, FL 33065 US**

24003716

2. Principal Place of Business

3. Mailing Address

1750 University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#205

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

Coral Springs FL

4. FEI Number
65-0346522

Applied For
Not Applicable

Zip

Country

Zip

Country

33071

USA

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

**UNITED COMMUNITY MANAGEMENT CORP
3300 UNIVERSITY DR #405
CORAL SPRINGS, FL 33065**

Name **SWIFT Management Solutions**
Street Address (P.O. Box Number is Not Acceptable) **1750 University Dr #205**
City **Coral Springs FL** Zip Code **33071**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **TROTTER, LARRY**
CITY-ST-ZIP **33503 LAKESHORE BLVD**
EASTLAKE, OH 44095

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROBERT, CHRISTIE**
CITY-ST-ZIP **140 NE 28 AVE 504**
POMPANO BCH, FL 33602

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FOX, JONATHAN**
CITY-ST-ZIP **140 NE 28 AVE**
POMPANO BEACH, FL 33062

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TROTTER, CINDY**
CITY-ST-ZIP **33503 LAKESHORE BLVD**
EASTLAKE, OH 44095

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SATRAZEMIS, MICHAEL**
CITY-ST-ZIP **140 NE 28 AVE #501**
POMPANO BEACH, FL 33062

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/04 9543416340