


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90022 014 ****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 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071 US																																																																										
2. Principal Place of Business		3. Mailing Address																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																											
City & State		City & State																																																																											
Zip		Country		Zip																																																																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																									
SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR., #205 CORAL SPRINGS, FL 33071				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																									
Make check payable to Florida Department of State																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TROTTER, LARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>33503 LAKESHORE BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>EASTLAKE, OH 44095</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FOX, JONATHAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>140 NE 28 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POMPANO BEACH, FL 33062</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TROTTER, CINDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>33503 LAKESHORE BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>EASTLAKE, OH 44095</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SATRAZEMIS, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>140 NE 28 AVE #501</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POMPANO BEACH, FL 33062</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	TROTTER, LARRY		STREET ADDRESS	33503 LAKESHORE BLVD		CITY-ST-ZIP	EASTLAKE, OH 44095		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	FOX, JONATHAN		STREET ADDRESS	140 NE 28 AVE		CITY-ST-ZIP	POMPANO BEACH, FL 33062		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	TROTTER, CINDY		STREET ADDRESS	33503 LAKESHORE BLVD		CITY-ST-ZIP	EASTLAKE, OH 44095		TITLE	D	<input type="checkbox"/> Delete	NAME	SATRAZEMIS, MICHAEL		STREET ADDRESS	140 NE 28 AVE #501		CITY-ST-ZIP	POMPANO BEACH, FL 33062		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Satrazemis	
STREET ADDRESS	PO Box 12348	
CITY-ST-ZIP	Wilmington, NC 28405	

TITLE	Secretary / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Passaro	
STREET ADDRESS	140 NE 28th St #409	
CITY-ST-ZIP	Pompano Beach, FL 33062	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Miller	
STREET ADDRESS	140 NE 28th Ave #206	
CITY-ST-ZIP	Pompano Beach, FL 33062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* Date: 2/16/03 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR