

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90014 012 \*\*\*\*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 - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

90000



01042008 Chg-NP CR2E037 (12/06)

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  
**SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DR., #205  
CORAL SPRINGS, FL 33071**  
  
**Kathleen Jenkins, P.M.**

7. Name and Address of New Registered Agent  
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. 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, 2008**

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

TITLE	V	<input type="checkbox"/> Delete
NAME	SATRAZEMIS, MICHAEL	
STREET ADDRESS	P.O. BOX 12348	
CITY-ST-ZIP	WILMINGTON, NC 28405	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	PASSARO, JOE	
STREET ADDRESS	140 NE 28TH ST #409	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JERRY	
STREET ADDRESS	140 NE 28TH AVE #206	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maqnan, Andre	
STREET ADDRESS	280 Des Vosges	
CITY-ST-ZIP	St. Lambert, QC, Canada J4S 1H2	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LaChapelle, Ray	
STREET ADDRESS	2437 E. Atlantic #206	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hiller, Jerry	
STREET ADDRESS	140 NE 28th Avenue #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: Kathleen Jenkins, Property Manager 2-18-08 954-341-6360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #