

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721392

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC1351556242**

**Entity Name:** THE CLARIDGE OF POMPANO CONDOMINIUM, INC.

**Current Principal Place of Business:**

1340 S OCEAN BLVD  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

1340 S OCEAN BLVD  
POMPANO BEACH, FL 33062 US

**FEI Number: 59-1437259**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

KAYE BENDER REMBAUM, P.L.  
1200 PARK CENTRAL BLVD SOUTH  
POMPANO BCH, FL 33064 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMITH , RUSSELL  
Address        1340 S OCEAN BLVD  
City-State-Zip: POMPANO BEACH FL 33062

Title            SECRETARY  
Name            HUTCHCROFT, SUSAN  
Address        1340 S OCEAN BLVD  
City-State-Zip: POMPANO BEACH FL 33062

Title            VP  
Name            SINCAVAGE, WILLIAM  
Address        1340 S OCEAN BLVD  
City-State-Zip: POMPANO BEACH FL 33062

Title            TREASURER  
Name            NIXON, BRIAN  
Address        1340 S OCEAN BLVD  
City-State-Zip: POMPANO BEACH FL 33062

Title            DIRECTOR  
Name            D'AMORE, PAUL  
Address        1340 S OCEAN BLVD  
City-State-Zip: POMPANO BEACH FL 33062

Title            DIRECTOR  
Name            SEQUENZIA, HENRY  
Address        1340 S OCEAN BLVD  
City-State-Zip: POMPANO BEACH FL 33062

Title            DIRECTOR  
Name            BYRD, GEORGE  
Address        1340 S OCEAN BLVD  
City-State-Zip: POMPANO BEACH FL 33062

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BRIAN NIXON**

**TREASURER**

**03/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date