

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 729326

**Entity Name:** POMPANO BEACH CLUB NORTH ASSOCIATION, INC.

**Current Principal Place of Business:**

101 BRINY AVE.  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

101 BRINY AVENUE  
MANAGEMENT OFFICE  
POMPANO BEACH, FL 33062 US

**FEI Number:** 59-1616913

**Certificate of Status Desired:** No

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

GURSKY RAGAN, P.A.  
1200 PARK CENTRAL BLVD SOUTH  
POMPANO BEACH, 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:** MARNIE DALE RAGAN

05/23/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COOLEY, LAUREN  
Address        101 BRINY AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: POMPANO BEACH FL 33062

Title            TREASURER  
Name            IGNOZZI, GUS KEN  
Address        101 BRINY AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: POMPANO BEACH FL 33062

Title            VP  
Name            SCHEFFER, JAMES  
Address        101 BRINY AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: POMPANO BEACH FL 33062

Title            SECRETARY  
Name            ROQUE, IRENE  
Address        101 BRINY AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: POMPANOBEACH FL 33062

Title            DIRECTOR  
Name            KURFURST, DONALD  
Address        101 BRINY AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: POMPANO BEACH FL 33062

Title            DIRECTOR  
Name            LESBURT, HENRY  
Address        101 BRINY AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: POMPANO BEACH FL 33062

Title            DIRECTOR  
Name            BALSAMIDES, EMANUEL  
Address        101 BRINY AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: POMPANOBEACH 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:** LAUREN COOLEY

PRESIDENT

05/23/2022

Electronic Signature of Signing Officer/Director Detail

Date