2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2006 8:00 am **Secretary of State DOCUMENT # 707072** 1. Entity Name 03-08-2006 90189 020 ****61.25 POMPANO LODGE INC Principal Place of Business Mailing Address 800 PINE DRIVE 800 PINE DRIVE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASIMUS, CHARLES Street Address (P.O. Box Number is Not Acceptable) 800 PINE DR #6 POMPANO BEACH FL 33060 City Zip Code FL 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VPP Bland TITLE Delete TITLE Addition ASIMUT, CHARLES NAME NAME 800 Pine Dr. # 19 800 PINE DRIVE STREET ADDRESS STREET ADDRESS Fompano Beach, FL 33060 POMPANO BCH FL 33060 CITY-ST-ZIP CITY-ST-ZIP VPD Delete TITLE ☐ Addition CAUTLEY, WILLIAM NAME NAME 800 PINE DR #2 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Delete TUTLE Change Addition MACGREGOR, ANITA NAME NAME STREET ADDRESS 800 PINE DRIVE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBERTS, CHRISTINE NAME NAME 800 PINE DR, APT 4 STREET ADDRESS STREET ADDRESS CITY-ST-7IP POMPANO BCH FL 33060 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition LABILLOIS, GERRY NAME NAME STREET ADDRESS 800 PINE DR. APT 3 STREET ADDRESS POMPANO BCH FL 33060 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Charles Human Chaples Human

STREET ADDRESS

CITY-ST-7IP

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