

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721392

FILED  
Mar 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1340 S OCEAN BLVD  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

1340 S OCEAN BLVD  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 59-1437259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMANO, CAROL  
1340 S. OCEAN BLVD.  
#507  
POMPANO BCH, FL 33062 US

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

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

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: WELSH, THOMAS  
Address: 1340 S OCEAN BLVD #901  
City-St-Zip: POMPANO BEACH, FL 33062

Title: SD ( ) Delete  
Name: COHEN, BARBARA  
Address: 1340 S. OCEAN BLVD. #709  
City-St-Zip: POMPANO BEACH, FL 33062

Title: TD ( ) Delete  
Name: NIXON, BRIAN  
Address: 1340 S. OCEAN BLVD., #707  
City-St-Zip: POMPANO BEACH, FL 33062

Title: PD ( ) Delete  
Name: ROMANO, CAROL  
Address: 1340 S. OCEAN BLVD, #507  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: SMITH, RUSSELL  
Address: 1340 S OCEAN BLVD 802  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: SINCAVAGE, WILLIAM  
Address: 1340 S. OCEAN BLVD, #304  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LEARICH, IRA  
Address: 1340 S OCEAN BLVD #1106  
City-St-Zip: POMPANO BEACH, FL 33062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD NASSEF

MGR.

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date