2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 729326 Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** POMPANO BEACH CLUB NORTH ASSOCIATION, INC. 03-06-2000 90105 028 ****61.25 Principal Place of Business Mailing Address 101 BRINY AVE. 101 BRINY AVE. POMPANO BEACH FL 33062-5610 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-1616913 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KAYE AND ROGER, PA 6261 NW 6 WAY **STE 103** Zip Code FT LAUDERDALE FL 33309 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. All the street 母腔探 饭碗 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. X Addition X Delete TITLE ☐ Change TITLE NAME DAVIDSON, SIDNEY PODLASZEWSKI, MATTHEW NAME STREET ADDRESS STREET ADDRESS 101 BRINY AVENUE 101 BRINY AVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL POMPANO BEACH, FL. 33062 Addition ☐ Change TITLE □ Delete TITLE NAME LANTZ, STEVE NAME CAVOLINA, CHARLES STREET ADDRESS STREET ADDRESS 101 BRINY AVE #2401 101 BRINY AVE. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33062 X Change POMPANO BEACH FL 33062 Addition TITLE ☐ Delete TITLE BURNETT, JULIANNE **BURNETT, JULIEANNE** NAME STREET ADDRESS 101 BRINY AVE., #2503 STREET ADDRESS 101 BRINY AVE #2503 CITY-ST-7IP CITY-ST-ZIF POMPANO BEACH, FL 33062 POMPANO BEACH FL 33062 x☐ Change Addition ☐ Delete TITLE NAME NAME verdone, peter r VERDONE, PETER R STREET ADDRESS STREET ADDRESS 101 BRINY AVE 101 BRINY AVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 33062 POMPANO BEACH, FL Change TITLE Delete TITLE Addition NAME PARENTE, MICHAEL NAME STREET ADDRESS STREET ADDRESS 101 BRINY AVENUE CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL ☐ Delete TITLE X Change ☐ Addition TITLE GREENE, SIDNEY NAME NAME GREENE, SIDNEY STREET ADDRESS STREET ADDRESS 101 BRINY AVE. 101 BRINY AVE CITY-ST-ZtP CITY-ST-ZIP POMPANO BCH. FL POMPANO BEACH, FL 33062 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #