

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90036 017 \*\*\*\*61.25

**DOCUMENT # 729326**

1. Entity Name

**POMPANO BEACH CLUB NORTH ASSOCIATION, INC.**



Principal Place of Business

**101 BRINY AVE.  
POMPANO BEACH FL 33062**

Mailing Address

**101 BRINY AVE.  
POMPANO BEACH FL 33062**

**24018645**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1616913**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RANDALL K. ROGER AND ASSOCIATES PA  
621 NE 53RD ST  
STE 300  
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **MATTHEW, PODLASZEWSKI**  
CITY-ST-ZIP **101 BRINY AVE #1911  
POMPANO BEACH FL 33062**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **PETER, VERDONE**  
CITY-ST-ZIP **101 BRINY AVE #701  
POMPANO BEACH FL 33062**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **ADRIENNE, KEASTER**  
CITY-ST-ZIP **101 BRINY AVE #709  
POMPANO BEACH FL 33062**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **DANIEL, REIMANN**  
CITY-ST-ZIP **101 BRINY AVE #1409  
POMPANO BEACH FL 33062**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHARLES, CAVOLINA**  
CITY-ST-ZIP **1401 BRINY AVE #2907  
POMPANO BEACH FL 33062**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **STEVEN, LANTZ**  
CITY-ST-ZIP **101 BRINY AVE #2401  
POMPANO BEACH FL 33062**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**RECEIVED  
FEB 02 2004**

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

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:** *Adrienne A. Keaster* **ADRIENNE A. KEASTER** 3/1/04 781-6323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #