

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

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90012 023 ****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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1616913

Applied For

Not Applicable

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
N/A

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, 2006

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	D	<input checked="" type="checkbox"/> Delete
NAME	MATTHEW, PODLASZEWSKI	
STREET ADDRESS	101 BRINY AVE #1911	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	V	<input type="checkbox"/> Delete
NAME	PETER, VERDONE	
STREET ADDRESS	101 BRINY AVE #701	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	ADRIENNE, KEASTER	
STREET ADDRESS	101 BRINY AVE #709	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	P	<input type="checkbox"/> Delete
NAME	DANIEL, REIMANN	
STREET ADDRESS	101 BRINY AVE #1409	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, JUAN	
STREET ADDRESS	101 BRINY AVE # 1912	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHAFER, KEITH	
STREET ADDRESS	101 BRINY AVE #2509	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julianne Burnett	
STREET ADDRESS	101 Briny Ave., #2503	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sidney Greene	
STREET ADDRESS	101 Briny Ave., #1912	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Lantz	
STREET ADDRESS	101 Briny Ave., #2401	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

[Signature]

02/22/06 (954) 781-6323