


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90023 037 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1616913	
5. Certificate of Status Desired				Applied For <input type="checkbox"/> Not Applicable	
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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, JULIANNE 101 BRINY AVE #2503 POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sera Martell 101 Briny Ave. #2211 Pompano Beach, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETER, VERDONE 101 BRINY AVE #701 POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Molly Pappas 101 Briny Ave. #1903 Pompano Beach, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADRIENNE, KEASTER 101 BRINY AVE #709 POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PODLASZEWSKI, MATTHEW 101 BRINY AVE., 1911 POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYRNE, JOHN 101 BRINEY AVE., 1207 POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER John Byrne 101 Briny Ave #1207 Pompano Beach, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANKEL, CAROL 101 BRINY AVE., 1511 POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Carol Frankel 101 Briny Ave. #1511 Pompano Beach, FL 33062	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>MATTHEW PODLASZEWSKI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>02/21/08</u> Daytime Phone # <u>(954) 781-6323</u>		