

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729326

FILED
Jan 20, 2009
Secretary of State

Entity Name: POMPANO BEACH CLUB NORTH ASSOCIATION, INC.

Current Principal Place of Business:

101 BRINY AVE.
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

101 BRINY AVE.
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-1616913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL K.ROGER AND ASSOCIATES PA
621 NE 53RD ST
STE 300
BOCA RATON, FL 33487 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: D () Delete
Name: BURNETT, JULIANNE
Address: 101 BRINY AVE #2503
City-St-Zip: POMPANO BEACH, FL 33062

Title: V () Delete
Name: PETER, VERDONE
Address: 101 BRINY AVE #701
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: MARTELL, SERA
Address: 101 BRINY AVE 2211
City-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete
Name: PODLASZEWSKI, MATTHEW
Address: 101 BRINY AVE., 1911
City-St-Zip: POMPANO BEACH, FL 33062

Title: T () Delete
Name: BYRNE, JOHN
Address: 101 BRINEY AVE., 1207
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: FRANKEL, CAROL
Address: 101 BRINY AVE., 1511
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MATTHEW PODLASZEWSKI

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date