

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90057 018 \*\*\*\*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  
**Same as above**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same as above**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

|              |         |              |         |   |  |
|--------------|---------|--------------|---------|---|--|
| City & State |         | City & State |         | 4. FEI Number <b>59-1616913</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country | Zip          | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>KAYE AND ROGER, PA<br/>6261 NW 6 WAY<br/>STE 103<br/>FT LAUDERDALE FL 33309</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>RANDALL K. ROGER &amp; ASSOCIATES, P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>621 NW 53rd STREET</b><br><b>SUITE 300</b><br>City <b>BOCA RATON, FL</b> Zip Code <b>33487</b> |  |
|---|--|--|--|

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]* **Not Randall K. Roger & Associates PA** **2/7/03**  
(NOTE: Registered Agent signature required when reinstating) DATE

|                                 |  |  |
|---------------------------------|--|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|---------------------------------|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>MATTHEW, PODLASZEWSKI<br/>101 BRINY AVE #1911<br/>POMPANO BEACH FL 33062</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>SIDNEY GREENE<br/>101 BRINY AVE., #1912<br/>POMMPANO BEACH, FL 33062</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>PETER, VERDONE<br/>101 BRINY AVE #701<br/>POMPANO BEACH FL 33062</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>ADRIENNE, KEASTER<br/>101 BRINY AVE #709<br/>POMPANO BEACH FL 33062</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>DANIEL, REIMANN<br/>101 BRINY AVE #1409<br/>POMPANO BEACH FL 33062</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CHARLES, CAVOLINA<br/>1401 BRINY AVE #2907<br/>POMPANO BEACH FL 33062</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>STEVEN, LANTZ<br/>101 BRINY AVE #2401<br/>POMPANO BEACH FL 33062</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: **Matthew Podlaszewski** *[Signature]* **02/06/03 (954) 781-6323**

CR2E037 (10/02)