

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90087 019 ****61.25

40046908



03132007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1641521

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAGE, STEPHEN R
3500 GATEWAY DRIVE
SUITE 202
POMPAÑO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name TINA RYAN
Street Address (P.O. Box Number is Not Acceptable)
EXCLUSIVE PROPERTY MANAGEMENT, INC.
1280 SW 36 AVENUE, # 301
City POMPAÑO BEACH FL Zip Code 33069

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

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

(NOTE: Registered Agent signature required when reinstating)

3-19-07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	ARONSON, JOEL E.	
STREET ADDRESS	3930 OAKS CLUBHOUSE DR # 203	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAGE, STEVE	
STREET ADDRESS	3900 OAKS CLUBHOUSE DR # 406	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPIEGELMAN, STEVE	
STREET ADDRESS	3850 OAKS CLUBHOUSE DR # 304	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRAUN, ROBERT	
STREET ADDRESS	3930 OAKS CLUBHOUSE DR # 504	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEPAGE, MARY	
STREET ADDRESS	3735 OAKS CLUBHOUSE DR # 3735	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RONCHI, RAY	
STREET ADDRESS	3900 OAKS CLUBHOUSE DR # 211	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR NORTH	
STREET ADDRESS	3900 OAKS CLUBHOUSE DR #102	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA COPPOLA	
STREET ADDRESS	3800 OAKS Clubhouse DR #303	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

3/28/07

Daytime Phone #