

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90146 017 ****61.25

DOCUMENT # 741 452	
1. Entity Name Pompano Owners Association	

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50047227

2. Principal Place of Business →		3. Mailing Address 2477 Stickney Pt. Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #118A	
City & State		City & State Sarasota, FL	
Zip	Country	Zip	Country
		34231	USA

DO NOT WRITE IN THIS SPACE

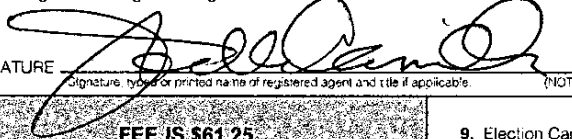
4. FFL # or 59-1814881	Applied For ☐
	Not Applicable ☐

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name	Argus Property Management
Street Address (P.O. Box Number is Not Acceptable)	Iselle Camilli
	2477 Stickney Pt. Rd. #118A
City	Sarasota FL
Zip Code	34231

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.

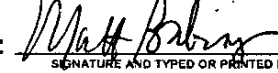
SIGNATURE  **CAM, CMCA** **4/25/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thomas McComb 1325 S. Portofino Dr. #109 Sarasota, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bill Hardman 1325 S. Portofino Dr. #110 Sarasota, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Howard Sims 1325 S. Portofino Dr. #105 Sarasota, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marin Cundiff 1325 S. Portofino Dr. #108 Sarasota, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Matthew Babisz 1355 S. Portofino Dr #504 Sarasota, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Matthew Babisz** **4/23/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)