

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 748741

1. Entity Name
POMPANO COURTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3277 NW 114TH TERRACE
CORAL SPRINGS, FL 33065 US**

Mailing Address
**PO BOX 8285
CORAL SPRINGS, FL 33075 US**



05062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2067189

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILLARD, ROBIN
3277 NW 114TH TERRACE
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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 *Willard* DATE **5/15/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KNUTH BROWN, LAURA
STREET ADDRESS	3928 SEWARD AVE
CITY-ST-ZIP	ROCKFORD, IL 61108
TITLE	VD
NAME	VAGI, ROBERT
STREET ADDRESS	4451 SW 34TH DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	TDSD
NAME	BELBEN, VALERIE
STREET ADDRESS	510 SW 15TH ST #104
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	SD
NAME	DYER, JONATHAN C
STREET ADDRESS	520 SW 15TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000951830
06/04/08-80053-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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: VALERIE BELBEN *Valerie Belben* **DIRECTOR/TREASURER** **5/19/08** **954-468-2214**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #