

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90123 029 ****61.25

DOCUMENT # 748741

1. Entity Name
POMPAÑO COURTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**9365 W SAMPLE RD
STE 203
CORAL SPRINGS FL 33065
US**

Mailing Address
**9365 W SAMPLE RD
STE 203
CORAL SPRINGS FL 33065
US**

2. Principal Place of Business
3277 NW 114th Terrace

3. Mailing Address
P.O. BOX 8285

Suite, Apt. #, etc.

City & State
Coral Springs FL

City & State
Coral Springs, FL

Zip
33065

Country
U.S.A.

Zip
33075

Country
U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2067189**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SAATHOFF, RONALD
CONDO MANAGEMENT ALTERNATIVE
9365 W SAMPLE RD #203
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name
Robin Willard

Street Address (P.O. Box Number is Not Acceptable)
3277 NW 114th Terrace

City
Coral Springs

State
FL

Zip Code
33065

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* **4/3/02**

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

DATE

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, LAURA 9365 W SAMPLE RD # 203 510 SW 15th ST # 106 CORAL SPRINGS FL 33065 Pompano Bch FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELBEN, VALERIE 9365 W SAMPLE RD #203 510 SW 15th ST. # 104 CORAL SPRINGS FL 33065 Pompano Beach FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOYCE, JOHN 9365 W SAMPLE RD #203 520 SW 15th ST # 201 CORAL SPRINGS FL 33065 Pompano Bch FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *Signature Required*

4/7/03

CR2E037 (10/02)