

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90037 036 \*\*\*\*61.25

**DOCUMENT # 748810**



1. Entity Name  
**POMPANO PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**221 SOUTHEAST 9TH AVENUE  
APT #106  
POMPANO BEACH, FL 33060**

Mailing Address  
**221 SOUTHEAST 9TH AVENUE  
APT #106  
POMPANO BEACH, FL 33060**

60019189



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2384671**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUBOIS, JACQUES  
221 SE 9TH AVE  
APT 106  
POMPANO BCH, FL 33060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
DUBOIS, JACQUES  
221 SE 9TH AVE. APT 106  
POMPANO BEACH, FL 33060** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DEMERS, SYLVIE  
221 SE 9TH AVENUE #107  
POMPANO BEACH, FL 33060** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
JOLICOEUR, LUCILLE  
221 SE 9TH AVE APT 111  
POMPANO BEACH, FL 33060** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
GOYER, LUC  
221 S.E. 9TH AVE. APR 211  
POMPANO BEACH, FL 33060** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
GOYER, PIERRE  
221 S.E. 9TH AVE. APT 112  
POMPANO BEACH, FL 33060** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LAMONTAGNE, MICHEL  
221 SE 9TH AVE.102  
POMPANO BCH., FL 33060** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
REMILLARD, GUY  
221 SE 9TH AVE. 108  
POMPANO BCH., FL 33060** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:

*Jacques Dubois* **JACQUES DUBOIS**

**Feb 13<sup>th</sup>, 2006 (954) 781-7218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #