


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90196 012 ****61.25

DOCUMENT # 753833						
1. Entity Name POND APPLE PLACE I CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 2550-2854 NW 42ND AVENUE COCONUT CREEK, FL 33066 US			Mailing Address 2785 NW 42ND AVENUE COCONUT CREEK, FL 33066			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2035582		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
DEMUND, SUZANNE 2710 NW 42ND AVE. COCONUT CREEK, FL 33066			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 _____ DATE <u>04/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME DEMUND, SUZANNE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2710 NW 42ND AVE	CITY-ST-ZIP COCONUT CREEK, FL 33066			NAME	STREET ADDRESS	
TITLE VP	NAME ROBERTSON, MATTHEW		<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2785 NW 42 AVE	CITY-ST-ZIP COCONUT CREEK, FL 33066			NAME	STREET ADDRESS	
TITLE M	NAME YURKIN, LISA		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2824 NW 42ND AVE	CITY-ST-ZIP COCONUT CREEK, FL 33066			NAME	STREET ADDRESS	
TITLE TD	NAME GOLDMAN, MARTIN		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2660 NW 42ND AVENUE	CITY-ST-ZIP COCONUT CREEK, FL 33066			NAME	STREET ADDRESS	
TITLE SD	NAME DOWIS, ANNE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2785 NW 42ND AVENUE	CITY-ST-ZIP COCONUT CREEK, FL 33066			NAME	STREET ADDRESS	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP			NAME	STREET ADDRESS	
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: <u>MARTIN GOLDMAN TREAS</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>04/21/06</u> DAYTIME PHONE # <u>954-984-2638</u>			