



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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|---|---|--|--|---|--|
| DOCUMENT # 756661 1. Entity Name SEAPOINTE OF POMPANO CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 812 N OCEAN BLVD POMPANO BEACH, FL 33062 | | | Mailing Address 812 N OCEAN BLVD POMPANO BEACH, FL 33062 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">08 MAR 31 PM 1:17</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="margin-top: 20px;"> 03042008 Chg-NP CR2E037 (12/06) </div> | |
| City & State | | City & State | | | |
| Zip | | Zip | | | |
| Country | | Country | | | |
| 4. FEI Number 59-2241091 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LIVINGWAY, PAUL 812 N OCEAN BLVD #505 POMPANO BEACH, FL 33062 | | | 7. Name and Address of New Registered Agent 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. | | | | | |
| 900122864169 04/10/08--01002--021 **\$61.25 | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Amended AR is \$61.25 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | DVP GETELMAN, RALPH 812 N OCEAN BLVD POMPANO BEACH, FL 33062 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT John Burns, Jr. 812 N. Ocean Blvd, # 100 Pompano Beach, FL 33062 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LIVINGHWAY, PAUL 812 N OCEAN BLVD #505 POMPANO BEACH, FL 33062 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY Rosemarie Perrilli 812 N. Ocean Blvd, # 601 Pompano Beach, FL 33062 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT Joseph P. Klapholz 812 N. Ocean Blvd, # 703 Pompano Beach, FL 33062 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER JAMES CANUELA 812 N. OCEAN BLVD #203 POMPANO BEACH, FL 33062 |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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 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: *[Signature]* DATE: **3/21/08** PHONE: **954 7829423**