# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2009**
**Secretary of State**

DOCUMENT# 756661

**Entity Name:** SEAPOINTE OF POMPANO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

812 N OCEAN BLVD
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

812 N OCEAN BLVD
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number: 59-2241091** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIVINGWAY, PAUL
812 N OCEAN BLVD
#505
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | BURNS, JOHN JR | |
| Address: | 812 N. OCEAN BLVD, #100 | |
| City-St-Zip: | POMPANO BEACH, FL 33062 | |
| Title: | S | ( ) Delete |
| Name: | PERRILLI, ROSEMARIE | |
| Address: | 812 N OCEAN BLVD, #601 | |
| City-St-Zip: | POMPANO BEACH, FL 33062 | |
| Title: | VP | ( ) Delete |
| Name: | KLAPHOLZ, JOSEPH P | |
| Address: | 812 N OCEAN BLVD, #703 | |
| City-St-Zip: | POMPANO BEACH, FL 33062 | |
| Title: | T | ( ) Delete |
| Name: | CANNELLA, JAMES | |
| Address: | 812 N OCEAN BLVD, #203 | |
| City-St-Zip: | POMPANO BEACH, FL 33062 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BURNS PRES 04/06/2009

Electronic Signature of Signing Officer or Director — Date