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SIGNATURE:

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # 757441**) 05-21-2007 90058 013 \*\*\*\*70.00 POND APPLE RECREATION ASSOCIATION, INC. 40117238 Principal Place of Business Mailing Address 4445 NW 22ND ROAD 4445 NW 22ND ROAD COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2140582 City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 4445 NW 22ND ST Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK, FL 33066 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. 5 Cy m DURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition MULMAN, SEYMOUR NAME NAME STREET ADDRESS 4087 NW 22ND ST STREET ADDRESS COCONUT CREEK, FL 33066 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GOLDSTEIN, BERNICE NAME NAME STREET ADDRESS 4403 NW 20TH ST STREET ADDRESS COCONUT CREEK, FL 33066 CiTY-ST-ZiP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME GOLDSTEIN, LEON 4403 NW 20TH ST - -STREET ADDRESS STREET ADDRESS CITY-ST-7(P COCONUT CREEK, FL 33066 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MICHAEL THOMAS 2126 NW 45TH STREET NAME STREET ADDRESS STREET ADDRESS COCONUT CREEK, FL 33066 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 21, 2007 8:00 am