
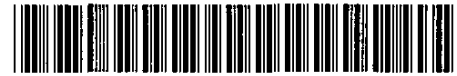


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90026 042 ****61.25

DOCUMENT # 757441					
1. Entity Name POND APPLE RECREATION ASSOCIATION, INC.					
Principal Place of Business 4445 NW 22ND ROAD COCONUT CREEK FL 33066 US			Mailing Address 4445 NW 22ND ROAD COCONUT CREEK FL 33066		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2140582	
				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 MULMAN, S. 4445 NW 22ND ST COCONUT CREEK FL 33066			7. Name and Address of New Registered Agent Name BERNICE GOLDSTEIN Street Address (P.O. Box Number is Not Acceptable) 4403 NW 20TH STREET City COCONUT CREEK FL 33066 Zip Code 33066		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
DATE _____					



1st MOORE CR2E037 (10/07)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULMAN, SEYMOUR		NAME		
STREET ADDRESS	4087 NW 22ND ST		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, BERNICE		NAME		
STREET ADDRESS	4403 NW 20TH ST		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, LEON		NAME		
STREET ADDRESS	4403 NW 20TH ST		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MICHAEL		NAME		
STREET ADDRESS	2126 NW 45TH ST		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RONNIE MILLER	
STREET ADDRESS			STREET ADDRESS	4201 NW 22nd Street	
CITY-ST-ZIP			CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HOWARD MILLER	
STREET ADDRESS			STREET ADDRESS	4201 NW 22nd Street	
CITY-ST-ZIP			CITY-ST-ZIP	COCONUT CREEK, FL 33066	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1C if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernice Goldstein **3/6/08** **954-978-80**