

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90002 028 ****70.00

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1. Entity Name

SECRET POND P.U.D. HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

C/O A&N MANAGEMENT INC
6413 CONGRESS AVE STE 220
BOCA RATON FL 33487

Mailing Address

C/O A&N MANAGEMENT INC
6413 CONGRESS AVE STE 220
BOCA RATON FL 33487

34007773



MOORE CR2E037 (11/03)

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
59-3745097

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, TIMOTHY R
C/O TOWN & COUNTRY BUILDERS
170 N W SPANISH RIVER BLVD
BOCA RATON FL 33431

Name **A&N MANAGEMENT**
Street Address (P.O. Box Number is Not Acceptable)
6413 Congress Avenue 220
NOAH SILVERSTEIN AS AGENT
City **BOCA RATON** FL Zip Code **33487**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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** ☒ Delete
NAME **KELLY, TIMOTHY R**
STREET ADDRESS **2295 CORPORATE BLVD. N.W., SUITE 117**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DP** ☒ Change ☐ Addition
NAME **NICOLE SWIFT**
STREET ADDRESS **7114 NW 48TH LANE**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **DT** ☒ Delete
NAME **LILLER, STEPHEN B**
STREET ADDRESS **2295 CORPORATE BLVD. N.W., SUITE 117**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DT** ☒ Change ☐ Addition
NAME **RAMONA BATTANCOURT**
STREET ADDRESS **7112 NW 48TH WAY**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **DS** ☒ Delete
NAME **PLATT, RONALD L**
STREET ADDRESS **2295 CORPORATE BLVD. N.W., SUITE 117**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DS** ☒ Change ☐ Addition
NAME **CRAIG EDELMAN**
STREET ADDRESS **7122 NW 48TH WAY**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **UP** ☒ Change ☐ Addition
NAME **CHRISTOPHER CAZZARI**
STREET ADDRESS **4847 NW 72ND PLACE**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
NAME **JOHN HOSFORD**
STREET ADDRESS **7104 NW 48TH LANE**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/04 **954-4228887**