

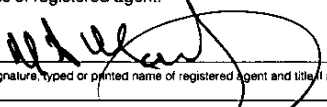



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90011 003 ****61.25

DOCUMENT # N03000010819 1. Entity Name POMPAÑO SPRINGS HOA, INC.					
Principal Place of Business 8190 STATE RD 84 DAVIE, FL 33324				Mailing Address 8190 STATE RD 84 DAVIE, FL 33324	
2. Principal Place of Business MWI/Campbell Suite, Apt. #, etc. 3500 Gateway Dr # 202		3. Mailing Address MWI/Campbell Suite, Apt. #, etc. 3500 Gateway Dr. # 202			
City & State Pompano Beach FL		City & State Pompano Beach FL		07202006 Chg-NP CR2E037 (4/06)	
Zip 33069		Country USA		4. FEI Number 06-1715140	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMALL, CHERYL MWI/CAMPBELL POMPAÑO SPRINGS 3500 GATEWAY DR, STE 202 POMPAÑO BEACH, FL 33069			7. Name and Address of New Registered Agent Name Martin, Michael Street Address (P.O. Box Number is Not Acceptable) 3500 Gateway Dr. # 202 City Pompano Beach FL Zip Code 33069		
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  (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMALL, CHERYL 3500 GATEWAY DR, STE # 202 POMPAÑO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, TORY 3500 GATEWAY DR, STE # 202 POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, MICHAEL 3500 GATEWAY DR, STE # 202 POMPAÑO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT, RODNEY 3500 GATEWAY DR, STE # 202 POMPAÑO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWAIN, KASINDA 3500 GATEWAY DR, STE # 202 POMPAÑO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Martin, Michael 3500 Gateway Dr. # 202 Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Caccaviello, Gary 3500 Gateway Dr. # 202 Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simon, Tangee 3500 Gateway Dr. # 202 Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7/20/06 Daytime Phone # 954-970-9809					