2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N03000010819

Entity Name: POMPANO SPRINGS HOA, INC.

Current Principal Place of Business:

MWI/CAMPBELL
3500 GATEWAY DR #202
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

MWI/CAMPBELL
3500 GATEWAY DR #202
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 06-1715140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, MICHAEL
3500 GATEWAY DR, STE 202
POMPANO BEACH, FL 33069 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: SMALL, CHERYL L
Address: 3500 GATEWAY DR, STE # 202
City-St-Zip: POMPANO BEACH, FL 33069

Title: S ( ) Delete
Name: SIMMONS, TORY
Address: 3500 GATEWAY DR, STE # 202
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP ( ) Delete
Name: CACCAVIELLO, GARY
Address: 3500 GATEWAY DR, STE # 202
City-St-Zip: POMPANO BEACH, FL 33069

Title: T ( ) Delete
Name: WRIGHT, RODNEY
Address: 3500 GATEWAY DR, STE # 202
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: DIXON, TANGELA
Address: 3500 GATEWAY DR, STE # 202
City-St-Zip: POMPANO BEACH, FL 33069

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:

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: CHERYL SMALL P 01/19/2009

Electronic Signature of Signing Officer or Director — Date