2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000768

FILED Jan 23, 2009 Secretary of State

Entity Name: POMPANO BY THE SEA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3212 NE 12TH STREET **OFFICE** POMPANO BEACH, FL 33062 **Current Mailing Address: New Mailing Address:** C/O SWIFT MANAGEMENT SOLUTIONS INC. 1750 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33071 FEI Number: 20-3743862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SWIFT MANAGEMENT SOLUTIONS INC RETTO, MICHAEL 3212 NE 12TH STREET 1750 UNIVERSITY DR 201 205 POMPANO BEACH, FL 33062 US CORAL SPRINGS, FL 33071 US 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: NICOLE SWIFT 01/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition RETTO, MICHAEL Name: Name: 3212 NE 12TH STREET, # 201 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition GREGOLETTO, GINA J Name: GREGOLETTO, GINA J Name: Address: 19 SW 3RD STREET Address: 19 SW 3RD STREET City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 Title: S/T () Delete Title: () Change () Addition CLARK, VICKI Name: Name: 3212 NE 12TH STREET #304 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ROTH, ULRIKE Name: DELIMA, SAM 3212 NE 12TH STREET, # 206 Address: Address: 6431 MCKINLEY ST City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: HOLLYWOOD, FL 33024 Title: (X) Delete Title: () Change () Addition DELIMA, AGNALDO Name: Name: 6431 MCKINEY STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 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: GINA GREGOLETTO P 01/23/2009