

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001661

FILED  
Feb 15, 2007  
Secretary of State

**Entity Name:** PARK PLACE AT POMPANO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

600 BRICKELL AVENUE  
SUITE 300-Y  
MIAMI, FL 33131

**New Principal Place of Business:**

848 BRICKELL AVENUE  
SUITE 1120  
MIAMI, FL 33131

**Current Mailing Address:**

600 BRICKELL AVENUE  
SUITE 300-Y  
MIAMI, FL 33131

**New Mailing Address:**

848 BRICKELL AVENUE  
SUITE 1120  
MIAMI, FL 33131

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HABER, ROBERT M  
520 BRICKELL KEY DRIVE  
SUITE O-305  
MIAMI, FL 33131 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: PD ( ) Delete  
Name: SCHMOCKER, SUSANNA  
Address: 600 BRICKELL AVENUE, SUITE 300-Y  
City-St-Zip: MIAMI, FL 33131

Title: PD ( ) Delete  
Name: ANGULO, VIVIANA  
Address: 600 BRICKELL AVENUE, SUITE 300-Y  
City-St-Zip: MIAMI, FL 33131

Title: STD ( ) Delete  
Name: RUPPENDER, MANFRED  
Address: 600 BRICKELL AVENUE, SUITE 300-Y  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHMOCKER, SUSANNA  
Address: 848 BRICKELL AVENUE, SUITE 1120  
City-St-Zip: MIAMI, FL 33131

Title: PD (X) Change ( ) Addition  
Name: ANGULO, VIVIANA  
Address: 848 BRICKELL AVENUE, SUITE 1120  
City-St-Zip: MIAMI, FL 33131

Title: STD (X) Change ( ) Addition  
Name: RUPPENDER, MANFRED  
Address: 848 BRICKELL AVENUE, SUITE 1120  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSANNA SCHMOCKER

PD

02/15/2007

Electronic Signature of Signing Officer or Director

Date