2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001661

FILED Apr 01, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

848 BRICKELL AVENUE 2880 W. OAKLAND PARK BLVD

SUITE 1120 SUITE 118

MIAMI, FL 33131 OAKLAND PARK, FL 33311 US

Current Mailing Address: New Mailing Address:

848 BRICKELL AVENUE 2880 W. OAKLAND PARK BLVD

SUITE 1120 SUITE 118

MIAMI, FL 33131 OAKLAND PARK, FL 33311 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

HABER, ROBERT M I&S MANAGEMENT INC 520 BRICKELL KEY DRIVE 2880 W. OAKLAND PARK BLVD.

SUITE 0-305 SUITE 118
MIAMI, FL 33131 US OAKLAND PARK, FL 33311 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: SUSANNA SCHMOCKER 04/01/2009

Electronic Signature of Registered Agent Date

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

Title: PD () Delete Title: PD (X) Change () Addition

Name: SCHMOCKER, SUSANNA Name: FAGET-BARJA, VIVIAN

 Address:
 848 BRICKELL AVENUE, SUITE 1120
 Address:
 5831 SW 94TH COURT

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:
 MIAMI, FL 33173 US

Title: PD () Delete Title: SD (X) Change () Addition

 Name:
 ANGULO, VIVIANA
 Name:
 LOPEZ, GRACE

 Address:
 848 BRICKELL AVENUE, SUITE 1120
 Address:
 9415 SUNSET DRIVE

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:
 MIAMI, FL 33173 US

Title: STD () Delete Title: TD (X) Change () Addition

 Name:
 RUPPENDER, MANFRED
 Name:
 ACOSTA, FERNANDO

 Address:
 848 BRICKELL AVENUE, SUITE 1120
 Address:
 660 NW 101 PLACE

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:
 MIAMI, FL 33172 US

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: VIVIAN FAGET-BARJA P 04/01/2009