

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90116 041 \*\*\*\*61.25

**DOCUMENT # N06067**

1. Entity Name

**PICKWICK INDUSTRIAL PARK CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

2195 NO. ANDREWS AVE.  
POMPANO BEACH FL 33069

Mailing Address

9715 W. BROWARD BLVD.  
PMB #311  
PLANTATION FL 33324



2. Principal Place of Business

2175 N. Andrews Ave

Suite, Apt. #, etc.  
#6

City & State

Pompano Beach FL

Zip  
33069

Country

3. Mailing Address

9715 W. Broward Blvd.

Suite, Apt. #, etc.  
PMB #311

City & State

Plantation FL

Zip  
33069

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

THURROTT, DAVID L.  
9221 N. CHELSEA DR.  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Schulman Rich

Street Address (P.O. Box Number is Not Acceptable)

2175 N. Andrews Ave

#6

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

David L. Thurrott

Signature, typed or printed name of registered agent and title if applicable

Daniel L. Thurrott II

(NOTE: Registered Agent signature required when terminating)

DATE

3-7-2006

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THURROTT, DAVID L.	
STREET ADDRESS	2195 NO. ANDREWS AVE #16	
CITY-ST-ZIP	POMPANO BCH FL	

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SCHULMAN, RICH	
STREET ADDRESS	2175 N. ANDREWS AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	D	<input type="checkbox"/> Delete
NAME	STRODLING, BILL	
STREET ADDRESS	2195 N. ANDREWS AVE #15	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schulman Rich	
STREET ADDRESS	2175 N. Andrews Ave. # 6	
CITY-ST-ZIP	Pompano Beach FL 33069	

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Galvagni	
STREET ADDRESS	2195 N. Andrews Ave #11	
CITY-ST-ZIP	Pompano Beach FL 33069	

TITLE	S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Stradling	
STREET ADDRESS	2195 N. Andrews Ave. #15	
CITY-ST-ZIP	Pompano Beach FL 33069	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rich Schulman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-370-7926

3-7-2006