

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001957

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** POMPANO BEACH CLUB RECREATION CENTER, INC.

**Current Principal Place of Business:**

100 BRINY AVENUE  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 BRINY AVENUE  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

FEI Number: 26-4727343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEO SWARTZ  
100 BRINY AVENUE  
POMPANO BEACH, FL 33062 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  
Name: BLACKMAN, SHEILA  
Address: 111 BRINY AVENUE, PH 8  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VD  
Name: SWARTZ, LEO  
Address: 101 BRINY AVENUE, -1502  
City-St-Zip: POMPANO BEACH, FL 33062

Title: SD  
Name: IGNOZZI, KENNETH  
Address: 101 BRINY AVENUE, #1907  
City-St-Zip: POMPANO BEACH, FL 33062

Title: TD  
Name: PASSAGLIA, ROBERT  
Address: 111 BRINY AVENUE, -1509  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D  
Name: GEROSIDERIS, KOSTAS  
Address: 101 BRINY AVENUE, -1912  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D  
Name: TODAK, DENNIS  
Address: 111 BRINY AVENUE, -1209  
City-St-Zip: POMPANO BEACH, FL 33062

I hereby 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 all other like empowered.

SIGNATURE: SHEILA BLACKMAN

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date