

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12448

FILED
Apr 15, 2009
Secretary of State

Entity Name: POMPAÑO PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

189 ANTIQUA DRIVE
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

964 LAUREL RIDGE RD.
CLEVELAND, GA 30528

New Mailing Address:

FEI Number: 58-2596394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTIN, CHARLES A
413 WILLIAMS AVENUE
PORT ST. JOE, FL 32456 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: SCHLANDT, EDYE B
Address: 964 LAUREL RIDGE RD.
City-St-Zip: CLEVELAND, GA 30528

Title: VD () Delete
Name: MILLS, KELLY
Address: 457 HWY 255 SOUTH
City-St-Zip: CLEVELAND, GA 30528

Title: SD () Delete
Name: JOHNSON, JOHN
Address: W 4630 PINE CREEK DR.
City-St-Zip: ELKHORN, WI 53121

Title: TD () Delete
Name: ALLEN, CYNTHIA
Address: 11275 NORTHWEST 15TH ST.
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: EDYE B SCHLANDT

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date