

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34490

1. Entity Name

SOUTHEAST POMPANO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JOHN HINMAN
2290 S.E. 14TH STREET
POMPANO BEACH FL 33062

C/O JOHN HINMAN
2290 S.E. 14TH STREET
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINMAN, JOHN
2290 SE 14 ST
SUITE 301
POMPANO BEACH FL 33062

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HINMAN, JOHN ☐ Delete
STREET ADDRESS 2290 SE 14 ST
CITY-ST-ZIP POMPANO BEACH FL

TITLE TD
NAME CAROLEE BALINT ☐ Change ☒ Addition
STREET ADDRESS 2321 SE 11 ST
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE VD
NAME HIERONYMUS, CAROL ☐ Delete
STREET ADDRESS 1571 SE 24 TERR
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LAMORTE, ELIZABETH ☐ Delete
STREET ADDRESS 2289 SE 13 ST
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SMITH, RON ☐ Delete
STREET ADDRESS 2342 SE 10 ST
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WALTERS, SHERRY ☐ Delete
STREET ADDRESS 2236 SE 8 ST
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John Hinman* PD

1/25/02 951-941-3906

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)