

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34490**

1. Entity Name  
**SOUTHEAST POMPAHO HOMEOWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**C/O MICHAEL T. PULVER  
2349 S.E. 15TH STREET  
POMPAHO BEACH, FL 33062**

Mailing Address  
**C/O MICHAEL T. PULVER  
2349 S.E. 15TH STREET  
POMPAHO BEACH, FL 33062**



01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**PULVER, MICHAEL T  
2349 S.E. 15TH STREET  
POMPAHO BEACH, FL 33062**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PULVER, MICHAEL T
STREET ADDRESS	2349 S.E. 15TH STREET
CITY-ST-ZIP	POMPAHO BEACH, FL 33062

TITLE	VP
NAME	STACER, FRED
STREET ADDRESS	2501 S.E. 9TH STREET
CITY-ST-ZIP	POMPAHO BEACH, FL 33062

TITLE	TD
NAME	WALTERS, SHERRY
STREET ADDRESS	2236 SE 8 ST
CITY-ST-ZIP	POMPAHO BEACH, FL

TITLE	SD
NAME	GALBRECHT, CHARLENE S
STREET ADDRESS	2484 S.E. 13TH STREET
CITY-ST-ZIP	POMPAHO BEACH, FL 33062

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/07-80028-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL T. PULVER**

Date

**2/3/07**

Daytime Phone #

**954-788-9351**