

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90116 044 \*\*\*\*61.25

**DOCUMENT # N34490**

1. Entity Name  
SOUTHEAST POMPAHO HOMEOWNERS ASSOCIATION,  
INC.



40034401

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

2. Principal Place of Business - No P.O. Box #  
C/O SCOTT HEMINGWAY  
Suite, Apt. #, etc.  
2303 SE 14<sup>th</sup> ST

3. Mailing Address  
C/O SCOTT HEMINGWAY  
Suite, Apt. #, etc.  
2303 SE 14<sup>th</sup> ST

City & State  
POMPAHO BEACH  
Zip  
33062  
Country  
BROWARD

City & State  
POMPAHO BEACH  
Zip  
33062  
Country  
BROWARD

04182008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name HEMINGWAY, SCOTT  
Street Address (P.O. Box Number is Not Acceptable)  
2303 SE 14<sup>th</sup> ST  
City POMPAHO BEACH FL Zip Code 33062

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

*Michael T. Pulver*

4/18/08

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, 2008

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME HEMINGWAY, SCOTT  
STREET ADDRESS 2303 SE 14<sup>th</sup> ST.  
CITY-ST-ZIP POMPAHO BEACH, FL 33062 ☐ Change ☒ Addition

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

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

TITLE SD  
NAME HILL, ANGELA L.  
STREET ADDRESS 2520 SE 14<sup>th</sup> ST  
CITY-ST-ZIP POMPAHO BEACH, FL 33062 ☐ Change ☒ Addition

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

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

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 all other like empowered.

SIGNATURE:

*Michael T. Pulver*

MICHAEL T. PULVER

4-18-08

954-746-3240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #