


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90043 046 \*\*\*\*61.25

<b>DOCUMENT # N44618</b> 1. Entity Name POD MANAGEMENT, INC.					
Principal Place of Business 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436				Mailing Address 3700 CLUBHOUSE LANE BOYNTON BEACH, FL 33436	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0276640	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DICKER, KRIVOK & STOLOFF, P.A. 1818 AUSTRALIAN AVE, SO. #400 WEST PALM BEACH, FL 33409				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PD
NAME	INGERMAN, ARNOLD		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	INGERMAN, ARNOLD
STREET ADDRESS	3700 CLUBHOUSE LANE		STREET ADDRESS	3700 CLUBHOUSE LN	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VD
NAME	SHAPOT, HAL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SHAPOT, HAROLD
STREET ADDRESS	3700 CLUBHOUSE LANE		STREET ADDRESS	3700 CLUBHOUSE LN	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	TD
NAME	ZIMELIS, HERB		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	KAPLAN, ARMAND
STREET ADDRESS	3700 CLUBHOUSE LANE		STREET ADDRESS	3700 CLUBHOUSE LN	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D
NAME	KUNZMAN, EDWIN		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	KUNZMAN, EDWIN
STREET ADDRESS	3700 CLUB LANE		STREET ADDRESS	3700 CLUBHOUSE LN	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete		TITLE	SD
NAME	COHEN, ALVIN		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	COHEN, ALVIN
STREET ADDRESS	3700 CLUBHOUSE LANE		STREET ADDRESS	3700 CLUBHOUSE LN	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete		TITLE	D
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	COWEN, SANDER
STREET ADDRESS			STREET ADDRESS	3700 CLUBHOUSE LN	
CITY-ST-ZIP			CITY-ST-ZIP	BOYNTON BEACH FL 33436	
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.					
<b>SIGNATURE:</b> <i>Armand M. Kaplan</i> <b>Armand M. Kaplan</b> <i>Treas. 4/10/08</i> <b>761-736-1642</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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