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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90151 008 ***150.00

DOCUMENT # P04000123466			
1. Entity Name POMPANO BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 100 NE 28TH AVE APT 106 POMPANO BCH, FL 33062		Mailing Address 100 NE 28TH AVE APT 106 POMPANO BCH, FL 33062	
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address 33 MITCHELL COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MARLTON, N.J.	
Zip		Zip 08053	
Country		Country Burlington	
4. Fee Number 20-141-1605		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERBER, LUCILLE 100 NE 28TH AVE APT 106 POMPANO BCH, FL 33062		7. Name and Address of New Registered Agent 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 <u>Lucille Gerber</u> DATE _____ Signature block contains name of registered agent and the filing date. (NOTE: Registered Agent's signature required when filing report.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lucille Gerber SAME AS # 3 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, 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: <u>Lucille Gerber</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			