

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001957

**Entity Name:** POMPANO BEACH CLUB RECREATION CENTER, INC.

**Current Principal Place of Business:**

100 BRINY AVENUE  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

100 BRINY AVENUE  
POMPANO BEACH, FL 33062 US

**FEI Number: 26-4727343**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TINNIRELLO , CARLA  
100 BRINY AVENUE  
POMPANO BEACH, FL 33062 US

*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:** TINNIRELLO , CARLA

03/05/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TINNIRELLO , CARLA  
Address        100 BRINY AVENUE  
City-State-Zip: POMPANO BEACH FL 33062

Title            TREASURER  
Name            PASSAGLIA, ROBERT  
Address        100 BRINY AVENUE  
City-State-Zip: POMPANO BEACH FL 33062

Title            SECRETARY  
Name            LEVANTI, DIANNE  
Address        100 BRINY AVENUE  
City-State-Zip: POMPANO BEACH FL 33062

Title            OFFICER  
Name            THIELE, EDWARD  
Address        100 BRINY AVENUE  
City-State-Zip: POMPANO BEACH FL 33062

Title            VP  
Name            LESBURT, JEANNINE  
Address        100 BRINY AVENUE  
City-State-Zip: POMPANO BEACH FL 33062

Title            OTHER  
Name            SHEEN, TERENCE  
Address        100 BRINY AVE  
City-State-Zip: POMPANO BEACH FL 33062

Title            OFFICER  
Name            CUSANELLI, ANTHONY  
Address        100 BRINY AVE  
City-State-Zip: POMPANO BEACH FL 33062

Title            OTHER  
Name            MCKITTRICK, MICHAEL  
Address        100 BRINY AVE  
City-State-Zip: POMPANO BEACH FL 33062

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PASSAGLIA , ROBERT

**TREASURER**

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date