



100 W. Atlantic Blvd Pompano Beach, FL 33060  
 Phone: 954.786.4679 Fax: 954.786.4666

**Development Application**

**Project Type:** Variance

**Submission #:** VAR-2026-17

Site Data			
Project Name:	FXG 2.0 FT LAUDERDALE, FL	Size of property:	221300.0
Street Address:	2700 Northwest 25th Street	Number of units (Residential):	0.0
Folio Number(s):	4842-21-120020	Total square feet of the building* (Non-Residential):	221300.0
Project Narrative:	New Dock and Overhead Door on west side (Blount Road as a collector street) of Existing Building, "Variance from section 155.5603.F.2 requires that facades of the ground level floor facing and arterial street or collector street shall not include overhead doors."		

Applicant	Landowner (Owner of Record)
Name:	Business Name (if applicable):
	Teachers Insurance & Annuity Association of America
Title:	Print Name:
	Michael A Swink
Street Address:	Street Address:
	1201 Hays Street
Mailing Address City/ State/ Zip:	Mailing Address City/ State/ Zip:
	Tallahassee FL 32301
Phone Number:	Phone Number:
Email:	Email:

ePlan agent (if different):	
Name of ePlan agent:	
Email of ePlan agent:	
Phone Number of ePlan agent:	



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**Owner's Certificate  
Variance**

VAR-2026-17

**OWNER'S CERTIFICATE**

This is to certify that:

- I am the owner of the property, or
- I am authorized by the owner of the property to submit this application on their behalf and (if I am not the owner of the property) I will submit documentation that confirms my authority.

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application.

By signing below, I agree that if the proposed development is found not in compliance with the applicable standards and minimum requirements of this Code then no building permit will be issued until those conditions the Development Services Director finds reasonably necessary to ensure compliance are met.

By signing below, I acknowledge that development applications must have a determination by the governing municipality of approved, approved with conditions, or denied within 120 days from a complete submittal for projects that do not require final action through a quasi-judicial hearing or a public meeting and within 180 days from a complete submittal for projects that do require final action through a quasi-judicial hearing or a public meeting per FL Stat § 166.033 and the Pompano Beach Code Section 155.2303.F.3. It is the responsibility of the applicant to receive all final Development Orders and receive this determination within the allotted timeframe. If the applicant fails to resubmit an application within 30 calendar days after being first notified of deficiencies of the submittal, the application shall be considered withdrawn and a \$100 non-refundable administrative fee will apply (155.2303.F.2.b). Additionally, if all required approvals are not received within the allotted timeframe the application will automatically be denied unless both the City and the applicant agree to an extension of time (155.2303.I).

By signing below, I acknowledge that lying or misrepresentation in the application can lead to revocation. (155.8402. B. *Revocation of Approval*).

Name: Michael A Swink 05/19/2026

Signature: Michael A Swink



City of Pompano Beach  
Department of Development Services  
Planning & Zoning Division

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Name:

*M.A. Swink*  
\_\_\_\_\_  
Michael A. Swink

*Authorized  
Signer*

Signature:

*M.A.*  
\_\_\_\_\_

**2026 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 809076

**FILED  
Apr 22, 2026  
Secretary of State  
7386621998CC**

**Entity Name:** TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

**Current Principal Place of Business:**

730 THIRD AVENUE  
NEW YORK, NY 10017

**Current Mailing Address:**

730 THIRD AVENUE  
NEW YORK, NY 10017 US

**FEI Number: 13-1624203**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, TRUSTEE  
Name            DUCKETT, THASUNDA BROWN  
Address        730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title            TREASURER  
Name            HEALD, CHRISTOPHER J.  
Address        730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title            CORPORATE SECRETARY  
Name            DORN, DEREK  
Address        730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title            TRUSTEE  
Name            HESS, LISA W.  
Address        730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title            TRUSTEE  
Name            BROWN, JEFFREY R.  
Address        730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title            TRUSTEE  
Name            CHAMBERS, JAMES  
Address        730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title            TRUSTEE  
Name            BROWN, JASON E.  
Address        730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title            TRUSTEE  
Name            SHARAN, KIM M.  
Address        730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

**Continues on page 2**

*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: DEREK DORN**

**SECRETARY**

**04/22/2026**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title AUTHORIZED SIGNER  
Name RUSSO, CHARLES C.  
Address 801 BRICKELL AVENUE  
SUITE 2310  
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED SIGNER  
Name BOUCHILLON, GRAYDON  
Address 2300 N. FIELD STREET  
SUITE 1650  
City-State-Zip: DALLAS TX 75201

Title AUTHORIZED SIGNER  
Name LOSEY, HOLLY  
Address 2300 N. FIELD STREET  
SUITE 1650  
City-State-Zip: DALLAS TX 75201

Title TRUSTEE  
Name ABANI, PRIYA  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title TRUSTEE  
Name HUNDERT, EDWARD  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title TRUSTEE  
Name MONTGOMERY TABRON, LA JUNE  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title TRUSTEE  
Name TIENDA, MARTA  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED SIGNER  
Name SWINK, MICHAEL  
Address SIX CONCOURSE PARKWAY  
STE 2600  
City-State-Zip: ATLANTA GA 30328

Title AUTHORIZED SIGNER  
Name BAUER, LOUIS  
Address 2300 N. FIELD STREET  
SUITE 1650  
City-State-Zip: DALLAS TX 75021

Title AUTHORIZED SIGNER  
Name KAVEGE, SERGE  
Address 8500 ANDREW CARNEGIE BLVD.  
City-State-Zip: CHARLOTTE NC 28262

Title TRUSTEE  
Name BRIGHT, SAMUEL R.  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title TRUSTEE  
Name LOFTEN, GINA L.  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title TRUSTEE  
Name ROMERO, RAMONA E.  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017

Title TRUSTEE  
Name FANNING, MICHAEL R.  
Address 730 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10017