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Apr 17 1997 8:00am  
Secretary of State

**NON PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **175601 (4)**  
1. Corporation Name  
**POMPANO SURF CLUB INC**



Principal Place of Business: **1100 SOUTH OCEAN BLVD POMPANO BEACH FL 33062**  
Mailing Address: **1100 SOUTH OCEAN BLVD POMPANO BEACH FL 33062-6647**

3. Date Incorporated or Qualified <b>10/09/1953</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>59-1266763</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HUNT, ROBERT J.  
SUITE 400 WEST BUILDING  
1900 CORPORATE BLVD NW  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SUMMERS, LAWRENCE</b>	
STREET ADDRESS	<b>1100 SO OCEAN BLVD C-10</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 00000 33062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BENEDICT, MARGARET</b>	
STREET ADDRESS	<b>1100 SOUTH OCEAN BLVD B-12</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 00000 33062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICCI, VINCE</b>	
STREET ADDRESS	<b>1100 SO OCEAN BLVD E-14</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 00000 33062</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MACCALLUM</b>	
STREET ADDRESS	<b>1100 SOUTH OCEAN BLVD</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 00000</b>	
TITLE	<b>D S</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNETT, CHARLES B</b>	
STREET ADDRESS	<b>1100 SOUTH OCEAN BLVD C-6</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 00000 33062</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SKARBREVIK, BRITA</b>	
STREET ADDRESS	<b>1100 SOUTH OCEAN BLVD</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 00000</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HARRY WYRTZEN</b>	
1.3 STREET ADDRESS	<b>1100 S. OCEAN BLVD. C-11</b>	
1.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROBERT NEIMAN</b>	
2.3 STREET ADDRESS	<b>1100 S. OCEAN BLVD. D-16</b>	
2.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JAMES EARLY</b>	
3.3 STREET ADDRESS	<b>1100 S. OCEAN BLVD C-14</b>	
3.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harry Wyrzen* DATE: **4-14-97** DAYTIME PHONE #: **954-941-7555**

CR2E034 (9/96)