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NON PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 175601

1. Corporation Name
POMPANO SURF CLUB INC

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	
21	26	10/09/1953	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1266763	Not Applicable
City & State	City & State	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
23	28	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUNT, ROBERT J. SUITE 400 WEST BUILDING 1900 CORPORATE BLVD NW BOCA RATON FL 33431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City ____ FL 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: T NAME: SUMMERS, LAWRENCE STREET ADDRESS: 1100 S. OCEAN BLVD., C-10 CITY-ST-ZIP: POMPANO BEACH, FL 00000	☑DELETE	1.1 TITLE: T 1.2 NAME: JAMES CARROZZA 1.3 STREET ADDRESS: 1100 S. OCEAN BLVD. A-7 1.4 CITY-ST-ZIP: POMP. BCH. FL 33062	☐Change ☐Addition
TITLE: D NAME: BENEDICT, MARGARET STREET ADDRESS: 1100 S. OCEAN BLVD., B-12 CITY-ST-ZIP: POMPANO BEACH, FL 00000	☑DELETE	2.1 TITLE: D 2.2 NAME: ALICE FLYNN 2.3 STREET ADDRESS: 1100 S. OCEAN BLVD. D-3 2.4 CITY-ST-ZIP: POMP. BCH. FL 33062	☐Change ☐Addition
TITLE: S NAME: RICCI, VINCE STREET ADDRESS: 1100 S. OCEAN BLVD., E-14 CITY-ST-ZIP: POMPANO BEACH, FL 00000	☑DELETE	3.1 TITLE: S 3.2 NAME: SUZANNE BUTOCHI 3.3 STREET ADDRESS: 1100 S. OCEAN BLVD A-10 3.4 CITY-ST-ZIP: POMP. BCH. FL 33062	☐Change ☐Addition
TITLE: P NAME: WYRTZEN, HARRY W STREET ADDRESS: 1100 S. OCEAN BLVD., C-11 CITY-ST-ZIP: POMPANO BEACH, FL 00000	☐DELETE	4.1 TITLE: D 4.2 NAME: ROBERT CARNES 4.3 STREET ADDRESS: 1100 S. OCEAN BLVD. G-7 4.4 CITY-ST-ZIP: POMP. BCH. FL 33062	☐Change ☐Addition
TITLE: VP NAME: MILLER, RAY STREET ADDRESS: 1100 S. OCEAN BLVD., C-12 CITY-ST-ZIP: POMPANO BEACH FL 33062	☐DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐Change ☐Addition
TITLE: D NAME: REILLY, WAYNE STREET ADDRESS: 1100 S. OCEAN BLVD, D-4 CITY-ST-ZIP: POMPANO BEACH FL 33062	☐DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐Change ☐Addition

14. I 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, with all other like empowered.

SIGNATURE: _____ HARRY M. WYRTZEN 4/7/99 954-941-7555
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)