

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 17 1996 8:00 am  
Secretary of State

DOCUMENT # **729326** (9)  
1. Corporation Name  
**POMPANO BEACH CLUB NORTH ASSOCIATION, INC.**



Principal Place of Business: **101 BRINY AVE. POMPANO BEACH FL 33062**  
Mailing Address: **101 BRINY AVE. POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified: **04/09/1974**  
3a. Date of Last Report: **03/29/1995**  
4. FEI Number: **59-1616913**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address: **26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

9. Name and Address of Current Registered Agent  
**POLIAKOFF, GARY A  
BECKER & POLIAKOFF, PA  
3111 STIRLING RD  
FT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**85** Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITILE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIDSON, SIDNEY</b>
STREET ADDRESS	<b>101 BRINY AVENUE</b>
CITY-ST-ZIP	<b>POMPANO BCH FL</b>
TITILE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>VIOLA, PAT</b>
STREET ADDRESS	<b>101 BRINY AVENUE</b>
CITY-ST-ZIP	<b>POMPANO BCH FL</b>
TITILE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CAVOLINA, CHARLES</b>
STREET ADDRESS	<b>101 BRINY AVE</b>
CITY-ST-ZIP	<b>POMPANO BCH FL</b>
TITILE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ALPERIN, RUDOLPH</b>
STREET ADDRESS	<b>101 BRINY AVE</b>
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>
TITILE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>PARENTE, MICHAEL</b>
STREET ADDRESS	<b>101 BRINY AVENUE</b>
CITY-ST-ZIP	<b>POMPANO BCH FL</b>
TITILE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>GREENE, SIDNEY</b>
STREET ADDRESS	<b>101 BRINY AVE.</b>
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DIRECTOR</b>
2.3 STREET ADDRESS	<b>PRISCILLA HAWK</b>
2.4 CITY-ST-ZIP	<b>101 BRINY AVENUE</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VICE PRESIDENT</b>
3.3 STREET ADDRESS	<b>MATTHEW PODLASZEWSKI</b>
3.4 CITY-ST-ZIP	<b>101 BRINY AVENUE</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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PRESIDENT</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/11/96** DAYTIME PHONE #: **954-781-6323**

CR2E037 (12/95)