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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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. - office POMPANO BEACH FL 33062-5610
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3. Date Incorporated or Qualified 04/09/1974	3a. Date of Last Report 04/17/1996
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21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1616913	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country

6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **KAYE & ROGER, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable) **6261 NORTHWEST 6th WAY**
 83 **SUITE 103**
 84 City **FORT LAUDERDALE FL** 85 Zip Code **33309**

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: *Felicit Kaye* (NOTE: Registered Agent signature required when reinstating) DATE: **3-3-97**

12. OFFICERS AND DIRECTORS

T	DAVIDSON, SIDNEY 101 BRINY AVENUE POMPANO BCH FL	<input type="checkbox"/> DELETE
D	PRISCILLA HAWK 101 BRINY AVENUE POMPANO BEACH FL	<input type="checkbox"/> DELETE
VP	MATTHEW PODLASZEWSKI 101 BRINY AVENUE POMPANO BEACH FL	<input type="checkbox"/> DELETE
D	ALPERIN, RUDOLPH 101 BRINY AVE POMPANO BCH, FL 00000	<input type="checkbox"/> DELETE
S	PARENTE, MICHAEL 101 BRINY AVENUE POMPANO BCH FL	<input type="checkbox"/> DELETE
P	GREENE, SIDNEY 101 BRINY AVE. POMPANO BCH. FL	<input type="checkbox"/> DELETE

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	VICE PRESIDENT <input checked="" 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Matthew Podlaszewski* DATE: **3/3/97** DAYTIME PHONE: **954-781-6323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)