

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90018 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 729326

1. Corporation Name

POMPANO BEACH CLUB NORTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

101 BRINY AVE.
 POMPANO BEACH FL 33062

101 BRINY AVE.
 POMPANO BEACH FL 33062



| | | | | | |
|--------------------------------|----|---------------------|----|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 04/09/1974 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-1616913 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip Country | | Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 24 | 25 | 29 | 30 | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

KAYE AND ROGER, PA
 6261 NW 6 WAY
 STE 103
 FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 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

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 <input type="checkbox"/> DELETE | 1.1 TITLE | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIDSON, SIDNEY | 1.2 NAME | |
| STREET ADDRESS | 101 BRINY AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PRISCILLA HAWK | 2.2 NAME | STEVE LANTZ |
| STREET ADDRESS | 101 BRINY AVENUE | 2.3 STREET ADDRESS | 101 BRINY AVE. #2401 |
| CITY-ST-ZIP | POMPANO BEACH FL | 2.4 CITY-ST-ZIP | POMPANO BEACH, FL 33062 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MATTHEW PODLASZEWSKI | 3.2 NAME | JULIEANNE BURNETT |
| STREET ADDRESS | 101 BRINY AVENUE | 3.3 STREET ADDRESS | 101 BRINY AVE. #2503 |
| CITY-ST-ZIP | POMPANO BEACH FL | 3.4 CITY-ST-ZIP | POMPANO BEACH, FL 33062 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | VERDONE, PETER R | 4.2 NAME | |
| STREET ADDRESS | 101 BRINY AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BCH, FL 00000 33062 | 4.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARENTE, MICHAEL | 5.2 NAME | |
| STREET ADDRESS | 101 BRINY AVENUE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BCH FL | 5.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 6.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREENE, SIDNEY | 6.2 NAME | |
| STREET ADDRESS | 101 BRINY AVE. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BCH FL | 6.4 CITY-ST-ZIP | |

4. 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 617, 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:

Peter Verdone
 PETER VERDONE, DIRECTOR

7/2/99

Date

(954) 781-6323

Daytime Phone #

CR2E037 (5/99)