

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741452** (7)

1. Corporation Name

**POMPANO OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1801 GLENGARY STREET  
SARASOTA FL 34231-0803**

**1801 GLENGARY STREET  
SARASOTA FL 34231-3803**



3. Date Incorporated or Qualified **01/26/1978** 3a. Date of Last Report **04/04/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

**59-1814881**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDOMINIUM MANAGEMENT INC  
1801 GLENGARY STREET  
SARASOTA FL 34231**

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	AT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, PAUL R JR</b>	1.2 NAME	
STREET ADDRESS	<b>1801 GLENGARY ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	1.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, P. RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>1801 GLENGARY STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	2.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEUCHT, PAUL H</b>	3.2 NAME	
STREET ADDRESS	<b>1355 S. PORTOFINO DR. APT 404</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	3.4 CITY - ST - ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUERGER, RICHARD H</b>	4.2 NAME	
STREET ADDRESS	<b>1325 S PORTOFINO DR &lt; #302</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	4.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERRIOR, RAYMOND</b>	5.2 NAME	
STREET ADDRESS	<b>1325 S PORTOFINO DR #408</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARWOOD, BOB</b>	6.2 NAME	
STREET ADDRESS	<b>1325 S. PORTOFINO DR. #PHB</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**P. Richard Clark**  
**4/12/97 941/921-5393**

CR2E037 (9/96)

**POM**

**Pompano Owners Association, Inc.**

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Manager **THOMAS** *Local Address*

Date Printed: 3/31/97  
*Alternate Address*

P/D

Mr. Raymond Gerrior  
1355 S. Portofino Drive  
Apt. #402  
Sarasota, FL 34242

V/D

Mr. Thomas G. Stueve  
1325 S. Portofino Dr.  
Unit #405  
Sarasota, FL 34242

S/D

Mr. Phillip A. Diehl  
1325 S. Portofino Drive  
Sarasota, FL 34242

T/D

Mr. Ortho Stiles  
1325 S. Portofino Dr #308  
Sarasota, FL 34242

D

Mr. Theodore D. Blake Jr.  
1355 S. Portofino Drive  
Unit #102  
Sarasota, FL 34242

AS

Mr. P. Richard Clark

AT

Paul R. Clark Jr.