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

DOCUMENT # **745999** **(3)**

1. Corporation Name

POM-TOR TOWNHOUSES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3240 NE 11TH ST POMPANO BEACH FL 33062	3240 NE 11TH ST POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 02/19/1979

3a. Date of Last Report: 03/16/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2005484 ☐ 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

FROMM, CATHERINE
3244 NE 11TH ST
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: ALLAN STONEE

82 Street Address (P.O. Box Number is Not Acceptable): 3240 N.E. 11 St.

83: #203

84 City: POMPANO BEACH FL 85 Zip Code: 33062

16. 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] DATE: April 14, 1996

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	PRESIDENT/D	☒ Change ☐ Addition
NAME	CATANIA, PAUL		1.2 NAME	ALLAN STONEE	
STREET ADDRESS	3240 NE 11 ST.		1.3 STREET ADDRESS	3240 N.E. 11 St	33062
CITY-ST-ZIP	POMPANO BCH. FL 00000		1.4 CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VD	☒ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BARTELLI, ED		2.2 NAME	ED BARTELLI	
STREET ADDRESS	3 MARY STREET		2.3 STREET ADDRESS	32 MARY ST.	
CITY-ST-ZIP	WATERFORD CT		2.4 CITY-ST-ZIP	WATERFORD, CT.	
TITLE	VD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	FROMM, CATHERINE		3.2 NAME	PAUL CATANIA	
STREET ADDRESS	3244 N.E. 11 ST		3.3 STREET ADDRESS	3240 N.E. 11 St.	
CITY-ST-ZIP	POMPANO BCH FL		3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 added on an attachment with an address.

SIGNATURE: [signature] April 14, 1996 954/782-0654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #