

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 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 # **745999** (3)

1. Corporation Name
POM-TOR TOWNHOUSES ASSOCIATION, INC.



Principal Place of Business 3240 NE 11TH ST POMPANO BEACH FL 33062	Mailing Address 3240 NE 11TH ST POMPANO BEACH FL 33062-3911
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3. Date Incorporated or Qualified 02/19/1979	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2005484	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent STOLEE, ALLAN 3244 NE 11TH ST #203 POMPANO BEACH FL 33062		10. Name and Address of New Registered Agent ED BARTELLI 3240 NE 11TH ST #202 POMPANO BEACH, FL FL 33062	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE **7/12/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	NAME CATANIA, PAUL	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 3240 NE 11 ST.	CITY-ST-ZIP POMPANO BCH FL 33062	1.2 NAME	
TITLE VD	NAME BARTELLI, ED	1.3 STREET ADDRESS	
STREET ADDRESS 32 MARY ST.	CITY-ST-ZIP WATERFORD CT	1.4 CITY-ST-ZIP	
TITLE PD	NAME STOLEE, ALLAN	2.1 TITLE	☒ Change ☐ Addition
STREET ADDRESS 3240 NE 11TH ST	CITY-ST-ZIP POMPANO BEACH FL 33062	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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: *[Signature]* REQUIRED **3/14/97** **946-8578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021827

CR2E037 (9/96)