

**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 # **754349** (9)  
1. Corporation Name  
**POMPANO AEGEAN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 1010 SOUTH OCEAN BLVD, POMPANO BEACH FL 33062  
Mailing Address: 1010 SOUTH OCEAN BLVD, POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 09/25/1980  
3a. Date of Last Report: 01/23/1995  
4. FEI Number: 59-2030622  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30  
City & State, Zip, Country

9. Name and Address of Current Registered Agent  
**GARY A POLIAKOFF, PRESIDENT**  
**3111 STIRLING ROAD**  
**FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 officer 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RISPOLI, JERRY	
STREET ADDRESS	1010 S. OCEAN BLVD. #1604	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOLES, ROBERT	
STREET ADDRESS	1010 S. OCEAN BLVD. #PH03	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GERALDI, ANN	
STREET ADDRESS	1010 S OCEAN BLVD UPH09	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, ROBERT	
STREET ADDRESS	1010 S. OCEAN BLVD. #1004	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIBURRO, ERNEST	
STREET ADDRESS	1010 S. OCEAN BLVD. #405	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, MARTY	
STREET ADDRESS	1010 S. OCEAN BLVD. #617	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Boles, Robert	
1.3 STREET ADDRESS	1010 S. Ocean Blvd. #PH03	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jim Lynch	
2.3 STREET ADDRESS	1010 S. Ocean Blvd. #715	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jerry Rispoli	
3.3 STREET ADDRESS	1010 S. Ocean Blvd. #1604	
3.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kenneth Wilkes-Chase	
4.3 STREET ADDRESS	1010 S. Ocean Blvd. #1710	
4.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Markos	
5.3 STREET ADDRESS	1010 S. Ocean Blvd. #1405	
5.4 CITY-ST-ZIP	Pompano Bch., FL 33062	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Frank Panella	
6.3 STREET ADDRESS	1010 S. Ocean Blvd. #404	
6.4 CITY-ST-ZIP	Pompano Beach, FL 33062	

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 on an attachment with an address.

SIGNATURE: *Robert S. Boles* /1/19/96 (954) 782-2600  
ROBERT S. BOLES, PRES.  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (12/95)