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Jan 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
1010 SOUTH OCEAN BLVD 1010 SOUTH OCEAN BLVD  
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-6666

3. Date Incorporated or Qualified 09/25/1980 3a. Date of Last Report 01/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2030622	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25	29	30

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 FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<del>RISPOLI, JERRY</del>	1.1 TITLE T/D	Kenneth Wilkes-Chase
NAME		1.2 NAME	
STREET ADDRESS	<del>1010 S. OCEAN BLVD. #1804</del>	1.3 STREET ADDRESS	1010 S. Ocean Blvd. #1710
CITY-ST-ZIP	<del>POMPANO BEACH FL</del>	1.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE PD	BOLES, ROBERT	2.1 TITLE D	Jordan Daskal
NAME		2.2 NAME	
STREET ADDRESS	1010 S. OCEAN BLVD. #PH03	2.3 STREET ADDRESS	1010 S. Ocean Blvd. #1212
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Pompano Beach, FL
TITLE SD	GERALDI, ANN	3.1 TITLE D	Ernest DiBurro
NAME		3.2 NAME	
STREET ADDRESS	1010 S OCEAN BLVD UPH09	3.3 STREET ADDRESS	1010 S. Ocean Blvd. #405
CITY-ST-ZIP	POMPANO BCH, FL 00000	3.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE VPD	LYNCH, JIM	4.1 TITLE D	Marty Cohen
NAME		4.2 NAME	
STREET ADDRESS	1010 S. OCEAN BLVD., #715	4.3 STREET ADDRESS	1010 S. Ocean Blvd. #617
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE D	MARKOS, JOHN	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS	1010 S. OCEAN BLVD., #1405	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE D	PANELLA, FRANK	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS	1010 S. OCEAN BLVD., #404	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	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: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E037 (9/96)