


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754349 (9)**  
1. Corporation Name  
**POMPANO AEGEAN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1010 SOUTH OCEAN BLVD POMPANO BEACH FL 33062</b>	Mailing Address <b>1010 SOUTH OCEAN BLVD POMPANO BEACH FL 33062</b>
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3. Date Incorporated or Qualified <b>09/25/1980</b>	
4. FEI Number <b>59-2030622</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	2b Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 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 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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILKES, -CCHCASE K	
STREET ADDRESS	1010 S OCEAN BLVD #1710	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOLES, ROBERT	
STREET ADDRESS	1010 S. OCEAN BLVD. #PH03	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GERALDI, ANN	
STREET ADDRESS	1010 S OCEAN BLVD UPH09	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, JIM	
STREET ADDRESS	1010 S. OCEAN BLVD., #715	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKOS, JOHN	
STREET ADDRESS	1010 S. OCEAN BLVD., #1405	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PANELLA, FRANK	
STREET ADDRESS	1010 S. OCEAN BLVD., #404	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KENNETH WILKES-CHASE	
1.3 STREET ADDRESS	1010 S. OCEAN BLVD. #1710	
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	PANELLA, FRANK	
2.3 STREET ADDRESS	1010 S. OCEAN BLVD. #404	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIBURRO, ERNEST	
3.3 STREET ADDRESS	1010 S. OCEAN BLVD. #405	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETRONIO, MARY ANN	
4.3 STREET ADDRESS	1010 S. OCEAN BLVD. #LPH11	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRESAN, VINCENT	
5.3 STREET ADDRESS	1010 S. OCEAN BLVD. #506	
5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LINATSAS, SPIRO	
6.3 STREET ADDRESS	1010 S. OCEAN BLVD. #504	
6.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	

14. I 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: *K. Wilkes-Chase*

2/9/98 (954) 782-2600

CPRE037 (10/97)