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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754349

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2030622	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARY A POLIAKOFF, PRESIDENT 3111 STIRLING ROAD FT. LAUDERDALE FL 33312				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PTD WILKES-CHASE, KENNETH	1.1 TITLE	P/D
NAME	1010 S OCEAN BLVD, #1710	1.2 NAME	Wilkes-Chase, Kenneth
STREET ADDRESS	POMPANO BEACH FL 33062	1.3 STREET ADDRESS	1010 S. Ocean Blvd. #1710
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	PD BOLES, ROBERT	2.1 TITLE	
NAME	1010 S. OCEAN BLVD. #PH03	2.2 NAME	
STREET ADDRESS	POMPANO BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD DIBURRO, ERNEST	3.1 TITLE	
NAME	1010 S OCEAN BLVD., #405	3.2 NAME	
STREET ADDRESS	POMPANO BEACH FL 33062	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PETRONIO, MARY ANN	4.1 TITLE	1st.V.P./D
NAME	1010 S OCEAN BLVD., #506	4.2 NAME	Petronio, Mary Ann
STREET ADDRESS	POMPANO BEACH FL 33062	4.3 STREET ADDRESS	1010 S. Ocean Blvd. #LPH11
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	D MARKOS, JOHN	5.1 TITLE	
NAME	1010 S. OCEAN BLVD., #1405	5.2 NAME	
STREET ADDRESS	POMPANO BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPD PANELLA, FRANK	6.1 TITLE	2nd.V.P./D
NAME	1010 S. OCEAN BLVD., #404	6.2 NAME	Panella, Frank
STREET ADDRESS	POMPANO BEACH FL 33062	6.3 STREET ADDRESS	1010 S. Ocean Blvd. #404
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: SIGNATURE OF OFFICER OR DIRECTOR *Wilde* 7/8/99 (954) 782-2600

CRZE037 (11/98)