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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90004 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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1 4 142053 90004 41



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/25/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2030622
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 PTD	WILKES-CHASE, KENNETH	1.1 TITLE P/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1010 S OCEAN BLVD, #1710		1.2 NAME Wilkes-Chase, Kenneth	
CITY-ST-ZIP POMPANO BEACH FL 33062		1.3 STREET ADDRESS 1010 S. Ocean Blvd. #1710	
TITLE PD	BOLES, ROBERT	1.4 CITY-ST-ZIP Pompano Beach, Fl 33062	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1010 S. OCEAN BLVD. #PH03		2.1 TITLE	
CITY-ST-ZIP POMPANO BEACH FL		2.2 NAME	
TITLE SD	DIBURRO, ERNEST	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1010 S OCEAN BLVD., #405		2.4 CITY-ST-ZIP	
CITY-ST-ZIP POMPANO BEACH FL 33062		3.1 TITLE	
TITLE D	PETRONIO, MARY ANN	3.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1010 S OCEAN BLVD., #506		3.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL 33062		3.4 CITY-ST-ZIP	
TITLE D	MARKOS, JOHN	4.1 TITLE 1st.V.P./D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1010 S. OCEAN BLVD., #1405		4.2 NAME Petronio, Mary Ann	
CITY-ST-ZIP POMPANO BEACH FL		4.3 STREET ADDRESS 1010 S. Ocean Blvd. #LPH11	
TITLE VPD	PANELLA, FRANK	4.4 CITY-ST-ZIP Pompano Beach, Fl 33062	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1010 S. OCEAN BLVD., #404		5.1 TITLE	
CITY-ST-ZIP POMPANO BEACH FL 33062		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE 2nd.V.P./D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME Panella, Frank	
		6.3 STREET ADDRESS 1010 S. Ocean Blvd. #404	
		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 GARY A POLIAKOFF 7/8/99 (954) 782-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)