

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **754349**

1. Entity Name

**POMPANO AEGEAN CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90034 032 \*\*\*\*61.25

Principal Place of Business <b>1010 SOUTH OCEAN BLVD POMPANO BEACH FL 33062</b>	Mailing Address <b>1010 SOUTH OCEAN BLVD POMPANO BEACH FL 33062-6666</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2030622</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**GARY A POLIAKOFF, PRESIDENT  
3111 STIRLING ROAD  
FT. LAUDERDALE FL 33312**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *K. Wilkes-Chase* DATE 6/1/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE <b>PS</b>	NAME <b>WILKES-CHASE, KENNETH</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1010 S OCEAN BLVD, #1710</b>		
CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>		
TITLE <b>SD</b>	NAME <b>DIBURRO, ERNEST</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1010 S OCEAN BLVD., #405</b>		
CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>		
TITLE <b>VPD</b>	NAME <b>PETRONIO, MARY ANN</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1010 S OCEAN BLVD., #506</b>		
CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>		
TITLE <b>D</b>	NAME <b>MARKOS, JOHN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>1010 S. OCEAN BLVD., #1405</b>		
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		
TITLE <b>VPD</b>	NAME <b>PANELLA, FRANK</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1010 S. OCEAN BLVD., #404</b>		
CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *K. Wilkes-Chase* **REQUIRE** DATE 6/1/00 DAYTIME PHONE # 954-782-2600

CRE037 (9/99)