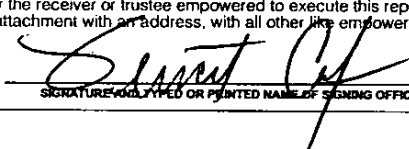


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90407 037 ****61.25

DOCUMENT # 728143 1. Entity Name POMPANO ATLANTIS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1000 S. OCEAN BLVD. POMPANO BEACH, FL 33062			Mailing Address 1000 S. OCEAN BLVD. POMPANO BEACH, FL 33062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent RUBINSTEIN, ROBT ESQ. 3111 STIRLING RD FORT 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	☒ Delete	TITLE	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	HERBERT, GERRY		NAME	PRESIDENT/TREASURER ☐ Change ☒ Addition	
STREET ADDRESS	1000 S. OCEAN BLVD #10-A		STREET ADDRESS	VINCENT LARFORA	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	1000 S. OCEAN BLVD # 17-N	
				POMPANO BEACH, FL 33062	
TITLE	S	☒ Delete	TITLE	SECRETARY ☐ Change ☒ Addition	
NAME	MARTINEZ, PATRICIA		NAME	RICHARD DUMAIS	
STREET ADDRESS	1000 S. OCEAN BLVD #PH-B		STREET ADDRESS	1000 S. OCEAN BLVD #8-K	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	☒ Delete	TITLE	ASSISTANT TREASURER ☐ Change ☒ Addition	
NAME	MCINSTOSH, MARYLN		NAME	SRDJAN STANCIC	
STREET ADDRESS	1000 S. OCEAN BLVD., #9-J		STREET ADDRESS	1000 S. OCEAN BLVD # 9-L	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	☒ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition	
NAME	ALDEA, TERRY		NAME	ANTHONY SCHIANO	
STREET ADDRESS	1000 S. OCEAN BLVD., #10-H		STREET ADDRESS	1000 S. OCEAN BLVD # 6-E	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	V	☐ Delete	TITLE	DIRECTOR ☒ Change ☐ Addition	
NAME	ALVIRIZ, RICK		NAME	GERRY HERBERT	
STREET ADDRESS	1000 S. OCEAN BLVD #		STREET ADDRESS	1000 S. OCEAN BLVD # 10-A	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	T	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	WAGNER, NORMA		NAME		
STREET ADDRESS	1000 S. OCEAN BLVD., #		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			03/31/06 954-946 3673		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		