

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754349

**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC1897594532**

**Entity Name:** POMPANO AEGEAN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1010 SOUTH OCEAN BLVD  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

1010 SOUTH OCEAN BLVD  
POMPANO BEACH, FL 33062

**FEI Number:** 59-2030622

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KAYE BENDER REMBAUM, P.L.  
1200 PARK CENTRAL BLVD SOUTH  
POMPANO BEACH, FL 33064 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name STEIN, NANCY  
Address 1010 S OCEAN BLDV 910  
City-State-Zip: POMPANO BEACH FL 33062

Title TREASURER  
Name EMMEL, MICHAEL  
Address 1010 SOUTH OCEAN BLVD #1505  
City-State-Zip: POMPANO BEACH FL 33062

Title PRESIDENT  
Name ROLLINS, CHARLES  
Address 1010 S. OCEAN BLVD # 904  
City-State-Zip: POMPANO BEACH FL 33062

Title VP  
Name PETRONIO, MARY ANN  
Address 1010 SOUTH OCEAN BLVD 1610  
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR  
Name SMITH, JOHN  
Address 1010 SOUTH OCEAN BLVD 809  
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR  
Name LOTA, JOE  
Address 1010 SOUTH OCEAN BLVD 1905  
City-State-Zip: POMPANO BEACH FL 33062

Title SECRETARY  
Name GOLDBERG, SUSAN  
Address 1010 SOUTH OCEAN BLVD 1415  
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR  
Name DEL GIORNO, DIANE  
Address 1010 S OCEAN BLVD UNIT #1611  
City-State-Zip: POMPANO BEACH FL 33062

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN GOLDBERG

**SECRETARY**

**03/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MELLON, TERAH  
Address        1010 S OCEAN BLVD.  
                  UNIT #403  
City-State-Zip:  POMPANO BEACH FL 33062