

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 175601 (4)

1. Corporation Name

POMPANO SURF CLUB INC

Principal Place of Business

1100 SOUTH OCEAN BLVD
POMPANO BEACH FL 33062

Mailing Address

1100 SOUTH OCEAN BLVD
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/09/1953

3a. Date of Last Report
04/29/1994

4. FEI Number
59-1266763

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HUNT, ROBERT J.
SUITE 400 WEST BUILDING
1900 CORPORATE BLVD NW
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required after reorganization)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VALKENAAR, BETTY H
STREET ADDRESS	1100 SO OCEAN BLVD
CITY- ST- ZIP	POMPANO BEACH, FL 00000 33062
TITLE	V
NAME	CRANES, ROBERT
STREET ADDRESS	1100 SOUTH OCEAN BLVD
CITY- ST- ZIP	POMPANO BEACH, FL 00000 33062
TITLE	S T
NAME	DAVIDSON, REGINALD
STREET ADDRESS	1100 SO OCEAN BLVD
CITY- ST- ZIP	POMPANO BEACH, FL 00000
TITLE	D S
NAME	MACCALLUM
STREET ADDRESS	1100 SOUTH OCEAN BLVD
CITY- ST- ZIP	POMPANO BEACH, FL 00000 33062
TITLE	P
NAME	BARMAN, FRANK CHARLES B. BURNETT
STREET ADDRESS	1100 SOUTH OCEAN BLVD
CITY- ST- ZIP	POMPANO BEACH, FL 00000 POMPANO BEACH, FL 33062
TITLE	D
NAME	SKARBREVIK, BRITA
STREET ADDRESS	1100 SOUTH OCEAN BLVD
CITY- ST- ZIP	POMPANO BEACH, FL 00000-33062

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	ROBERT E. NEUMAN	
1.3 STREET ADDRESS	1100 S. OCEAN BLVD	
1.4 CITY- ST- ZIP	POMPANO BEACH, FL 33062	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95

(305)-941-7555