FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -6 AM 6:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **707072** **(5)**

1. Corporation Name
POMPANO LODGE INC

Principal Place of Business	Mailing Address
800 PINE DRIVE POMPANO BEACH FL 33060	800 PINE DRIVE POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1964
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1088433 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PERRY, MILDRED E.
800 PINE DRIVE, APT.1
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name: ANITA MACGREGOR, Treas.-Dir.
82 Street Address (P.O. Box Number is Not Acceptable): 800 PINE DRIVE #18
83
84 City: POMPANO BEACH FL 85 Zip Code: 33060

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: Anita MacGregor Anita MacGregor - Treasurer + Director DATE: 3/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	QUINN, LILLIAN	1.2 NAME		
STREET ADDRESS	800 PINE DR APT 17	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 00000	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	D only	☒ Change ☐ Addition
NAME	PERRY, MILDRED	2.2 NAME		
STREET ADDRESS	800 PINE DR APT 2	2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 00000	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	D only	☒ Change ☐ Addition
NAME	LEFF, DOROTHY	3.2 NAME		
STREET ADDRESS	800 PINE DR APT 3	3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	KEHLER, DOROTHY	4.2 NAME	Harold Tonge	
STREET ADDRESS	800 PINE DR. #19	4.3 STREET ADDRESS	800 Pine Dr Apt.#7	
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	D	5.1 TITLE	D,	☒ Change ☐ Addition
NAME	LA POINTE, ANDRE	5.2 NAME	Theresa Langlois	
STREET ADDRESS	800 PINE DR. #10	5.3 STREET ADDRESS	800 Pine Dr Apt.#14	
CITY-ST-ZIP	POMPANO BCH, FL 00000	5.4 CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE		6.1 TITLE	Pres.-D	☐ Change ☒ Addition
NAME		6.2 NAME	Siegmund H. Haus	
STREET ADDRESS		6.3 STREET ADDRESS	800 Pine Dr Apt.#9	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pompano Beach, FL 33060	

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)(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.

SIGNATURE: Siegmund Haus Siegmund Haus 2-25-95 (305)773-8317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008988