

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 728143 (9)
1. Corporation Name
POMPANO ATLANTIS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1000 S. OCEAN BLVD. 1000 S. OCEAN BLVD.
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062

3. Date Incorporated or Qualified 11/21/1973 3a. Date of Last Report 05/22/1995
4. FEI Number 59-1512074 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KAYE ROGER PA
1500 W CYPRESS CREEK RD
SUITE 207
FORT LAUDERDALE FL 33309

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAY, PAYNE F	
STREET ADDRESS	1000 S OCEAN BLVD #11-0	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COURT, GEORGE R	
STREET ADDRESS	1000 S OCEAN BLVD #14-0	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, BILLIE S	
STREET ADDRESS	1000 S OCEAN BLVD #4-H	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, ANNE	
STREET ADDRESS	1000 SO OCEAN BLVD, PH N	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SINNREICH, WILLIAM	
STREET ADDRESS	7 SPECTOR LN	
CITY-ST-ZIP	PLAINVIEW NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOX, SHEILA	
STREET ADDRESS	1000 S. OCEAN BLVD 6C	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCDONALD, PERRY G.	
1.3 STREET ADDRESS	1000 S OCEAN BLVD #11-C	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEDUC, TODD J	
3.3 STREET ADDRESS	1000 S OCEAN BLVD #11-K	
3.4 CITY-ST-ZIP	POMPANO BEACH FL	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HASSAN, H. RICHARD	
4.3 STREET ADDRESS	1000 S OCEAN BLVD #7-N	
4.4 CITY-ST-ZIP	POMPANO BEACH FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HERBERT, GERALD	
5.3 STREET ADDRESS	1000 S OCEAN BLVD #10-A	
5.4 CITY-ST-ZIP	POMPANO BEACH FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROFES, EDWARD	
6.3 STREET ADDRESS	1000 S OCEAN BLVD 11-P	
6.4 CITY-ST-ZIP	POMPANO BEACH FL	

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 617, 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

Date

Daytime Phone #

CR2E037 (12/95)