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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Moftam
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 728143 (9)**

1. Corporation 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 33062-6865**3. Date Incorporated or Qualified
11/21/19733a. Date of Last Report
04/24/19964. FEI Number
59-1512074Applied For
☐ Not Applicable5. 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, PERRY G.	
STREET ADDRESS	1000 S OCEAN BLVD #11-0	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COURT, GEORGE R	
STREET ADDRESS	1000 S OCEAN BLVD #14-0	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEDUC, TODD J.	
STREET ADDRESS	1000 S OCEAN BLVD #4-H	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HASSAN, H. RICHARD	
STREET ADDRESS	1000 SO OCEAN BLVD, PH N	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERBERT, GERALD	
STREET ADDRESS	1000 S OCEAN BLVD #10-A	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROFES, EDWARD	
STREET ADDRESS	1000 SOUTH OCEAN BLVD #11-F	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McDonald, Perry G	
1.3 STREET ADDRESS	1000 S. Ocean Blvd. #11-0	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
2.1 TITLE	Director/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Court, George R.	
2.3 STREET ADDRESS	1000 S. Ocean Blvd. #14-0	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
3.1 TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Leduc, Todd J	
3.3 STREET ADDRESS	1000 S. Ocean Blvd #4-H	
3.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *H. Hassan* **H. Hassan** **Richard Hassan** **1/21/97** **954-946-3673**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021898

CR2E037 (9/96)