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Secretary of State

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**NONPROFIT -
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728143

1. Corporation Name
Pompano Atlantis Condominium Association, Inc.
1000 S Ocean Blvd
Pompano Beach FL 33062

Principal Place of Business Mailing Address

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

11/21/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1512074

Not Applied

City & State

City & State

5. Certificate or Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, PERRY G	
STREET ADDRESS	1000 S OCEAN BLVD 11-C	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PAYNE, RAY	
STREET ADDRESS	1000 S OCEAN BLVD 11-O	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FAKLER, JOHN	
STREET ADDRESS	1000 S OCEAN BLVD 9-D	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ELY, WILLIAM	
STREET ADDRESS	1000 S OCEAN BLVD 15-L	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAPPLE, FREDRICK	
STREET ADDRESS	1000 S OCEAN BLVD 16-B	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> A
1.2 NAME	LAPPLE, FREDRICK	
1.3 STREET ADDRESS	1000 S OCEAN BLVD 16-B	
1.4 CITY-ST-ZIP	POMPANO BEACH FL	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> A
2.2 NAME	ELY, WILLIAM	
2.3 STREET ADDRESS	1000 S OCEAN BLVD 15-L	
2.4 CITY-ST-ZIP	POMPANO BEACH	
3.1 TITLE	SS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> A
3.2 NAME	NORMA WAGNER	
3.3 STREET ADDRESS	1000 S OCEAN BLVD 10-D	
3.4 CITY-ST-ZIP	POMPANO BEACH FL	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> A
4.2 NAME	CARFORA, VINCENT	
4.3 STREET ADDRESS	1000 S OCEAN BLVD 17-N	
4.4 CITY-ST-ZIP	POMPANO BEACH FL	
5.1 TITLE	DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> A
5.2 NAME	FAKLER, JOHN	
5.3 STREET ADDRESS	1000 S OCEAN BLVD 9-D	
5.4 CITY-ST-ZIP	POMPANO BEACH FL	
6.1 TITLE	DAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> A
6.2 NAME	DIGIUNO, ANGELO	
6.3 STREET ADDRESS	1000 S OCEAN BLVD 16-D	
6.4 CITY-ST-ZIP	POMPANO BEACH FL	

14. I 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, with all other like empowered.

SIGNATURE:

Fredrick Lapple Vice Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/21/99 (854) 946-3623