

DOCUMENT # 728143

1. Entity Name

POMPANO ATLANTIS CONDOMINIUM ASSOCIATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

04-21-2000 90011 030 ****61.25

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

Mailing Address
1000 S. OCEAN BLVD.
POMPANO BEACH FL 33062-6665



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1512074	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Rabbi Rubinstein Esq/Becker & Poliakoff
Street Address (P.O. Box Number is not Acceptable): 3111 Stirling Road
City: Ft. Lauderdale FL Zip Code: 33312

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: [Signature] DATE: 5/16/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LAPPLE, FREDERICK 1000 S OCEAN BLVD 16-B POMPANO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELY, WILLIAM 1000 S OCEAN BLVD 15-L POMPANO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FAKLER, JOHN 1000 S OCEAN BLVD, #9-D POMPANO BEACH FL 33062	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELY, WILLIAM 1000 S OCEAN BLVD, #15-L POMPANO BCH FL 33062	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS FAKLER, JOHN 1000 S OCEAN BLVD 9-D POMPANO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS WAGNER, NORMA 1000 S OCEAN BLVD 10-D POMPANO BCH FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP+T CARFORA, VINCENT 1000 S. OCEAN BLVD, 17-N POMPANO BEACH, FL 33062	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP THOMAS S. FINN 1000 S. OCEAN BLVD, 06-P POMPANO BEACH, FL 33062	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT ANGELO DISUIGNO 1000 S. OCEAN BLVD, 16-D POMPANO BEACH, FL 33062	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY SCHIANO III 1000 S. OCEAN BLVD, 06-E POMPANO BEACH, FL 33062	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS TRINCHITELLA 1000 S. OCEAN BLVD, 06-J POMPANO BEACH, FL 33062	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WAGNER, NORMA	☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Vincent Carfora REQUIRED VINCENT CARFORA 4-12-00 (954) 946-3673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)