2001 UNIFORM BUSINESS REPORT (UBR)

5/4/

FILED
Jun 05, 2001 8:00 am
Secretary of State
05-04-2001 90100 006 ****61.25

DOCUMENT # 728143

1. Entity Name

POMPANO ATLANTIS CONDOMINIUM ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
same	same
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	7. Name and Address of New Registered Agent
RUBINSTEIN, ROBT ESQ. 3111 STIRLING RD FORT LAUDERDALE FL 33312	Name: Street Address (P.O. Box Number is Not Acceptable): City **FL** Zip Code:

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 _____ DATE
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT CARFORA, VINCENT 1000 S OCEAN BLVD, 17-N POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT RICK ALVIRIZ 1000 S. OCEAN BLVD #8-N POMPANO BCH- FL 33062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP FINN, THOMAS S 1000 S OCEAN BLVD, 06-P POMPANO BEACH FL 33062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RICHARD COMBS 1000 S. OCEAN BLVD #17-0 POMPANO BCH, FL 33062 Director.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAT DIGUIGNO, ANGELO 1000 S OCEAN BLVD, 16-D POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director RICK HASSAN 1000 S. OCEAN BLVD # 7N POMPANO BCH. FL 33062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHIANO, ANTHONY III 1000 S OCEAN BLVD 06-E POMPANO BCH FL 33062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST TREASURER MARGUIET PHIPPS 1000 S. OCEAN BLVD #11G POMPANO BCH FL 33062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRINCHITELLA, LOUIS 1000 S OCEAN BLVD, 06-J POMPANO BEACH FL 33062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WAGNER, NORMA 1000 S OCEAN BLVD 10-D POMPANO BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 5/25/01 Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #