5/4/

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DO NOT WRITE IN THIS SPACE

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

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

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 #