

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90037 037 \*\*\*\*61.25

**DOCUMENT # 728143**

1. Entity 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**

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**RUBINSTEIN, ROBT ESQ.  
3111 STIRLING RD  
FORT LAUDERDALE FL 33312**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	CARFORA, VINCENT	
STREET ADDRESS	1000 S OCEAN BLVD, 17-N	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVIRIZ, RICK	
STREET ADDRESS	1000 S. OCEAN BLVD., #8N	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DAT	<input checked="" type="checkbox"/> Delete
NAME	DIGUIGNO, ANGELO	
STREET ADDRESS	1000 S OCEAN BLVD, 16-D	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COMBS, RICHARD	
STREET ADDRESS	1000 S OCEAN BLVD., #170	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARDIS, ALBERT	
STREET ADDRESS	1000 S OCEAN BLVD #8F	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WAGNER, NORMA	
STREET ADDRESS	1000 S OCEAN BLVD 10-D	
CITY-ST-ZIP	POMPANO BCH FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, BRAD	
STREET ADDRESS	1000 S. OCEAN BLVD #14-A	
CITY-ST-ZIP	POMPANO BCH, FL 33062	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVIRIZ, RICK	
STREET ADDRESS	1000 S. OCEAN BLVD. #8-N	
CITY-ST-ZIP	POMPANO BCH, FL 33062	
TITLE	TREA.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBELIS, THOMAS	
STREET ADDRESS	1000 S. OCEAN BLVD #7-D	
CITY-ST-ZIP	POMPANO BCH, FL 33062	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, RICHARD	
STREET ADDRESS	1000 S. OCEAN BLVD #17-D	
CITY-ST-ZIP	POMPANO BCH, FL 33062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT, GERALD	
STREET ADDRESS	1000 S. OCEAN BLVD #10-A	
CITY-ST-ZIP	POMPANO BCH, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Richard P. Combs*  
**Richard P. Combs**

4/7/03

954-845-4100

CR2E037 (10/02)