FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:10

DOCUMENT # **729326** **(9)**

1. Corporation Name
POMPANO BEACH CLUB NORTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 BRINY AVE. POMPANO BEACH FL 33062	101 BRINY AVE. POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/09/1974**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-1616913** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY A
BECKER & POLIAKOFF, PA
3111 STIRLING RD
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, SIDNEY	1.2 NAME	
STREET ADDRESS	101 BRINY AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	DIRECTOR ☒ Change ☒ Addition
NAME	MICHELSON, ROBERT	2.2 NAME	PAT VIOLA
STREET ADDRESS	101 BRINY AVENUE	2.3 STREET ADDRESS	101 BRINY AVENUE
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062
TITLE	V	3.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	CAVOLINA, CHARLES	3.2 NAME	
STREET ADDRESS	101 BRINY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ALPERIN, RUDOLPH	4.2 NAME	
STREET ADDRESS	101 BRINY AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	BARRON, SIDNEY	5.2 NAME	MICHAEL PARENTE
STREET ADDRESS	101 BRINY AVENUE	5.3 STREET ADDRESS	101 BRINY AVENUE
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062
TITLE	D	6.1 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	GREENE, SIDNEY	6.2 NAME	
STREET ADDRESS	101 BRINY AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Charles Cavolina Pres. 3/23/95 305-781-6323
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES CAVOLINA