

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 17 1996 8:00 am
Secretary of State

DOCUMENT # 729326 (9)
1. Corporation Name
POMPANO BEACH CLUB NORTH ASSOCIATION, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1974		3a. Date of Last Report 03/29/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1616913		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POLIAKOFF, GARY A BECKER & POLIAKOFF, PA 3111 STIRLING RD FT LAUDERDALE FL 33312		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, SIDNEY	12 NAME	
STREET ADDRESS	101 BRINY AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	14 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIOLA, PAT	22 NAME	PRISCILLA HAWK
STREET ADDRESS	101 BRINY AVENUE	23 STREET ADDRESS	101 BRINY AVENUE
CITY-ST-ZIP	POMPANO BCH FL	24 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	<input checked="" type="checkbox"/> DELETE	31 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVOLINA, CHARLES	32 NAME	MATTHEW PODLASZEWSKI
STREET ADDRESS	101 BRINY AVE	33 STREET ADDRESS	101 BRINY AVENUE
CITY-ST-ZIP	POMPANO BCH FL	34 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERIN, RUDOLPH	42 NAME	
STREET ADDRESS	101 BRINY AVE	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENTE, MICHAEL	52 NAME	
STREET ADDRESS	101 BRINY AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, SIDNEY	62 NAME	
STREET ADDRESS	101 BRINY AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	64 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)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-781-6323

CR2E037 (12/95)