


FILE NOW: FILING FEE IS \$61.25

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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729326 (9)
 1. Corporation Name
POMPANO BEACH CLUB NORTH ASSOCIATION, INC.



Principal Place of Business 101 BRINY AVE. POMPANO BEACH FL 33062	Mailing Address 101 BRINY AVE. - office POMPANO BEACH FL 33062-5610
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/09/1974		3a. Date of Last Report 04/17/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1616913		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		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 POLIAKOFF, GARY A BECKER & POLIAKOFF, PA 3111 STIRLING RD FT LAUDERDALE FL 33312				10. Name and Address of New Registered Agent 81 Name KAYE & ROGER, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 6261 NORTHWEST 6th WAY 83 SUITE 103 84 City FORT LAUDERDALE FL 85 Zip Code 33309			
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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 *[Signature]* *[Signature]* **3-3-97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PRISCILLA HAWK		2.2 NAME				
STREET ADDRESS	101 BRINY AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MATTHEW PODLASZEWSKI		3.2 NAME				
STREET ADDRESS	101 BRINY AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PARENTE, MICHAEL		5.2 NAME				
STREET ADDRESS	101 BRINY AVENUE		5.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	6.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **3/3/97** **954-781-6323**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021849

CR2E037 (9/96)