

# 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

DOCUMENT # **N08240** (6)

1. Corporation Name

**POMPANO BEACH 5555 SOCIETY, INC.**



Principal Place of Business

Mailing Address

215 NE 4TH AVENUE  
PO BOX 154  
POMPANO BEACH FL 33061

215 NE 4TH AVENUE  
PO BOX 154  
POMPANO BEACH FL 33061

3. Date Incorporated or Qualified

**03/19/1985**

3a. Date of Last Report

**02/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0028643**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SENFT, ALBERT T.

~~2720 NE 23RD COURT~~ 619 SW 6TH ST NE 21  
POMPANO BEACH FL 33062  
33060

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME  
DRISCOLL, BOB  
STREET ADDRESS  
120 SW 3RD ST.  
CITY-ST-ZIP  
POMPANO BEACH FL

TITLE ☐ DELETE

NAME  
LYNN, ROBERT  
STREET ADDRESS  
7122 MICHIGAN ISLE RD  
CITY-ST-ZIP  
LAKE WORTH FL

TITLE ☐ DELETE

NAME  
SENFT, ALBERT T  
STREET ADDRESS  
2720 NE 23RD CT  
CITY-ST-ZIP  
POMPANO BEACH FL

TITLE ☒ DELETE

NAME  
BRAY, PETER  
STREET ADDRESS  
5511 SW 10TH PL  
CITY-ST-ZIP  
POMPANO BEACH FL

TITLE ☐ DELETE

NAME  
HUNT, ROBERT L  
STREET ADDRESS  
250 NE 41ST ST  
CITY-ST-ZIP  
POMPANO BEACH FL

TITLE ☒ DELETE

NAME  
SEYSE, DAVID  
STREET ADDRESS  
351 SE 1ST TERR  
CITY-ST-ZIP  
POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
DRISCOLL, JOSEPH  
1.3 STREET ADDRESS  
9619 CYPRESS RD  
1.4 CITY-ST-ZIP  
POMPANO BEACH FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
LYNN, ROBERT  
2.3 STREET ADDRESS  
7122 MICHIGAN ISLE RD  
2.4 CITY-ST-ZIP  
LAKE WORTH FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
SENFT, ALBERT T  
3.3 STREET ADDRESS  
619 SW 6TH ST NE 21  
3.4 CITY-ST-ZIP  
POMPANO BEACH FL

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME  
BRANTLEY, ROBERT  
4.3 STREET ADDRESS  
11 NE 17TH AVE  
4.4 CITY-ST-ZIP  
POMPANO BEACH FL

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
HUNT, ROBERT L  
5.3 STREET ADDRESS  
250 NE 41ST ST  
5.4 CITY-ST-ZIP  
POMPANO BEACH FL

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME  
ROSS, FRANK  
6.3 STREET ADDRESS  
660 S. PALM TREE LA  
6.4 CITY-ST-ZIP  
PLANTATION, FL

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

ALBERT T. SENFT

4-27-96

Date

Daytime Phone #

(954) 943-8864

CR2E037 (12/95)