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Apr 18 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 # **N08240** (6)

1. Corporation Name

POMPAÑO BEACH 5555 SOCIETY, INC.



Principal Place of Business 215 NE 4TH AVENUE PO BOX 154 POMPAÑO BEACH FL 33061	Mailing Address 215 NE 4TH AVENUE PO BOX 154 POMPAÑO BEACH FL 33061-0154
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3. Date Incorporated or Qualified 03/19/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0028643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent	
SENFT, ALBERT T. 629 SW 6TH STREET NE 21 POMPAÑO BEACH FL 33060	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D DRISCOO, JOSEPH
STREET ADDRESS	961 S CYPRESS ROAD
CITY-ST-ZIP	POMPAÑO BEACH FL 33060
TITLE	<input type="checkbox"/> DELETE
NAME	V P D LYNN, ROBERT
STREET ADDRESS	7122 MICHIGAN ISLE RD
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	<input type="checkbox"/> DELETE
NAME	ST D SENFT, ALBERT
STREET ADDRESS	629 SW 6TH STREET NE 21
CITY-ST-ZIP	POMPAÑO BEACH FL 33060
TITLE	<input type="checkbox"/> DELETE
NAME	A P D BRANTLEY, ROBERT
STREET ADDRESS	11 NE 17TH AVENUE
CITY-ST-ZIP	POMPAÑO BEACH FL 33060
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P HUNT, ROBERT L
STREET ADDRESS	250 NE 41ST ST
CITY-ST-ZIP	POMPAÑO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ROSS, FRANK
STREET ADDRESS	600 S. FIG TREE LANE
CITY-ST-ZIP	PLANTATION FL 33317

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DRISCOLL, JOSEPH
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D HOUT, GUY
5.3 STREET ADDRESS	319 NE 11TH AVE
5.4 CITY-ST-ZIP	POMPAÑO BEACH FL 33060
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(j), 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: _____ 4-14-97 (954) 943-8864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0026338

CR2E037 (9/96)