

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90208 021 ****61.25

DOCUMENT # N08240

1. Corporation Name

POMPANO BEACH 5555 SOCIETY, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/19/1985

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

9. Name and Address of Current Registered Agent

SENFT, ALBERT T.
629 SW 6TH STREET NE 21
POMPANO 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

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 D ☐ DELETE

NAME DRISCOLL, JOSEPH
STREET ADDRESS 961 S CYPRESS ROAD
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ~~DR~~ P D ☐ DELETE

NAME LYNN, ROBERT
STREET ADDRESS 7122 MICHIGAN ISLE RD
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE STD ☐ DELETE

NAME SENFT, ALBERT
STREET ADDRESS 629 SW 6TH STREET NE 21
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ~~BR~~ V P D ☐ DELETE

NAME BRANTLEY, ROBERT
STREET ADDRESS 11 NE 17TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☐ DELETE

NAME HAUT, GUY
STREET ADDRESS 313 NE 11TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☐ DELETE

NAME 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-99 (954) 943-8864

CR2E037 (11/98)