

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 # N30607 (8)

1. Corporation Name

POMPANO BEACH CHESS CLUB, INC.



Principal Place of Business

Mailing Address

**2605 EAST ATLANTIC BLVD.
SUITE 208
POMPANO BEACH FL 33062**

**2605 EAST ATLANTIC BLVD.
SUITE 208
POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified
02/09/1989

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

65-0091946

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

**GANTERT, PETER
2605 E. ATLANTIC BLVD
STE 208
POMPANO BEACH FL 33062**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **KRAMER, BILL**
STREET ADDRESS **4701 NW 1ST PLACE**
CITY-ST-ZIP **DEERFIELD BEACH FL**

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33442**

TITLE **PD** ☐ DELETE
NAME **GANTERT, PETER**
STREET ADDRESS **2605 EAST ATLANTIC BLVD., SUITE 208**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **THIELE, JAMES SR.**
STREET ADDRESS **8106 SW 11TH STREET**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WHATLEY, BOB**
STREET ADDRESS **2998 NE 5TH AVENUE**
CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **2900 NE 5 Avenue**
4.4 CITY-ST-ZIP **Boca Raton, Florida 33431**

TITLE **D** ☐ DELETE
NAME **PERROTTA, BRUCE**
STREET ADDRESS **1909 SW 67 AVE**
CITY-ST-ZIP **POMPANO BEACH FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **33068**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **Pembroke Pines, Florida 33029**

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:

Peter Gantert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter Gantert, President

February 21, 1996 954-781-0661

Date

Daytime Phone #

CR2E037 (12/95)