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FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N34490 (5)  
1. Corporation Name  
SOUTHEAST POMPANO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JOHN HINMAN  
2290 S.E. 14TH STREET  
POMPANO BEACH FL 33062C/O JOHN HINMAN  
2290 S.E. 14TH STREET  
POMPANO BEACH FL 33062-72163. Date Incorporated or Qualified  
10/02/19893a. Date of Last Report  
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0148024Applied For  
☒ Not Applicable6. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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

BAILEY, PATRICK L.  
2335 EAST ATLANTIC BOULEVARD  
SUITE 301  
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 P ☐ DELETE  
NAME GENE DE TUSCAN  
STREET ADDRESS 2325 SE 10 CT  
CITY-ST-ZIP POMPANO BEACH FL1.1 TITLE Treasurer ☐ Change ☒ Addition  
1.2 NAME Sherry L. Walters  
1.3 STREET ADDRESS 2336 SE 9th St  
1.4 CITY-ST-ZIP Pompano Beach FL 33062TITLE D ☐ DELETE  
NAME MELCHER, GEORGE  
STREET ADDRESS 2471 S.E. 13TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 330622.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME JAMES MOLLOZZI  
STREET ADDRESS 985 SE 22ND AVE  
CITY-ST-ZIP POMPANO BEACH FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME SMITH, JERI  
STREET ADDRESS 2332 SE 9TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 330624.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME AL SEIFERT  
STREET ADDRESS 2319 SE 10TH ST  
CITY-ST-ZIP POMPANO BEACH FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME GEORGE BARNARD  
STREET ADDRESS 2761 SE 9TH ST  
CITY-ST-ZIP POMPANO BEACH FL6.1 TITLE ☐ Change ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021729

CR2E037 (9/96)