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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34490 (5)
1. Corporation Name
SOUTHEAST POMPANO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O JOHN HINMAN 2280 S.E. 14TH STREET POMPANO BEACH FL 33062	Mailing Address C/O JOHN HINMAN 2280 S.E. 14TH STREET POMPANO BEACH FL 33062
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/02/1989
4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BAILEY, PATRICK L. 2335 EAST ATLANTIC BOULEVARD SUITE 301 POMPANO BEACH FL 33062
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10. Name and Address of New Registered Agent 81 Name JOHN HINMAN 82 Street Address (P.O. Box Number is Not Acceptable) 2280 S.E. 14 ST 83 POMPANO BEACH 84 City FL 85 Zip Code 33062

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 John Hinman **JOHN HINMAN** 3/28/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	GENE DE TUSCAN
STREET ADDRESS	2325 SE 10 CT
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MELCHER, GEORGE
STREET ADDRESS	2471 G.E. 10TH STREET
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	<input type="checkbox"/> DELETE
NAME	JAMES MOLLOZZI
STREET ADDRESS	985 SE 22ND AVE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JERI
STREET ADDRESS	2882 SE 9TH STREET
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	<input type="checkbox"/> DELETE
NAME	AL SEIFERT
STREET ADDRESS	2319 SE 10TH ST
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	GEORGE BARNARD
STREET ADDRESS	2761 SE 9TH ST
CITY-ST-ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PROBERT EICHOLZ
2.3 STREET ADDRESS	2407 SE 14 ST
2.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D CAROLEE BALINT
4.3 STREET ADDRESS	2321 SE 11 ST
4.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: John Hinman **JOHN HINMAN** 3/28/98 9549413906

CR2E037 (10/97)