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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N34490

1. Corporation Name

SOUTHEAST POMPAHO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O JOHN HINMAN
2290 S.E. 14TH STREET
POMPAHO BEACH FL 33062

Mailing Address

C/O JOHN HINMAN
2290 S.E. 14TH STREET
POMPAHO BEACH FL 33062



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/02/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		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

HINMAN, JOHN
2290 SE 14 ST
SUITE 301
POMPAHO BEACH FL 33062

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE DE RUSSAN	1.2 NAME	JOHN HINMAN
STREET ADDRESS	2320 SE 10 ST	1.3 STREET ADDRESS	2290 SE 14 ST
CITY-ST-ZIP	POMPAHO BEACH FL	1.4 CITY-ST-ZIP	POMPAHO BEACH FL 33062
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONORE, ROBERT	2.2 NAME	CAROL HIERONYMUS
STREET ADDRESS	2407 SE 11 ST	2.3 STREET ADDRESS	1571 SE 24 TERR
CITY-ST-ZIP	POMPAHO BEACH FL 33062	2.4 CITY-ST-ZIP	POMPAHO BEACH FL 33062
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES MOLLOZZI	3.2 NAME	DELIZABETH LAMORTE
STREET ADDRESS	900 SE 22ND AVE	3.3 STREET ADDRESS	2289 SE 13 ST
CITY-ST-ZIP	POMPAHO BEACH FL	3.4 CITY-ST-ZIP	POMPAHO BEACH FL 33062
TITLE	D/T <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALINT, CAROLEE	4.2 NAME	RON SMITH
STREET ADDRESS	2321 SE 11 ST	4.3 STREET ADDRESS	2342 SE 10 ST
CITY-ST-ZIP	POMPAHO BEACH FL 33062	4.4 CITY-ST-ZIP	POMPAHO BEACH FL 33062
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL GEFERT	5.2 NAME	SHERRY WALTERS
STREET ADDRESS	2210 SE 14TH ST	5.3 STREET ADDRESS	2236 SE 9 ST
CITY-ST-ZIP	POMPAHO BEACH FL	5.4 CITY-ST-ZIP	POMPAHO BEACH FL 33062
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE BARNARD	6.2 NAME	DELIZABETH BAXTER
STREET ADDRESS	2701 SE 8TH ST	6.3 STREET ADDRESS	2234 SE 14 ST
CITY-ST-ZIP	POMPAHO BEACH FL	6.4 CITY-ST-ZIP	POMPAHO BEACH FL 33062

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: *John Hinman* SIGNATURE REQUIRED: *JOHN HINMAN, PRESIDENT 2/12/99 (954) 941-3906*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0026148

CR2E037 (11/98)