


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90122 031 ****61.25

0039395

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003184					
1. Corporation Name POMPANO EXCELSIOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 15051 SOUTHWEST 27TH STREET DANIA FL 33331			Mailing Address 15051 SOUTHWEST 27TH STREET DANIA FL 33331		
2. Principal Place of Business 21 15051 SOUTHWEST 27ST		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/05/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0631178	
23 City & State DAVIE FL.		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33331		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		Trust Fund Contribution	
9. Name and Address of Current Registered Agent DERIGGI, ANTHONY A 15051 SOUTHWEST 27 STREET DANIA FL 33331			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City DAVIE FL 85 Zip Code 33331		
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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME DERIGGI, ANTHONY A					
1.3 STREET ADDRESS 15051 S.W. 27TH STREET					
1.4 CITY-ST-ZIP DANIA FL 33331					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME RINICKER, ROY D					
2.3 STREET ADDRESS 15051 S.W. 27TH STREET					
2.4 CITY-ST-ZIP DANIA FL 33331					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME LA VISTA, ANTHONY					
3.3 STREET ADDRESS 700 N.W. 28TH AVENUE					
3.4 CITY-ST-ZIP POMPANO BEACH FL 33062					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
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** *Anthony A. DeRiggi* 1/2/99 954-472-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)