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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02437

(2)

1. Corporation Name

POMPANO PARK ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:52

Principal Place of Business

1800 SOUTHWEST THIRD STREET
ATTN: GENERAL MANAGER
POMPANO BEACH FL 33069

Mailing Address

1800 SOUTHWEST THIRD STREET
ATTN: GENERAL MANAGER
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/15/1984

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2437426 Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

DURIS, HAROLD
1800 S.W. 3D ST.
POMPANO BEACH FL 33069

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTS
NAME LANG, MICHAEL J.
STREET ADDRESS 2469 IRONWORKS PIKE
CITY-ST-ZIP LEXINGTON KY

TITLE DP
NAME CASHMAN, JOHN A. JR.
STREET ADDRESS 2469 IRONWORKS PIKE
CITY-ST-ZIP LEXINGTON KY

TITLE D
NAME TOLLESON, ROY M., JR.
STREET ADDRESS ONE VILLAGE GREEN CIR
CITY-ST-ZIP CHARLOTTESVILLE VA

TITLE EVG
NAME DURIS, HAROLD S.
STREET ADDRESS 595 GREENSWARD LANE
CITY-ST-ZIP DELRAY BEACH FL

TITLE V
NAME FINKELSON, ALLEN J.
STREET ADDRESS 2741 N.E. 39TH ST.
CITY-ST-ZIP LIGHTHOUSE PT. FL

TITLE D
NAME VAN LENNEP, MARY
STREET ADDRESS 3377 NORTH OCEAN BLVD
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Michael J. Lang

1/20/95

305-972-2000