

Jan 15 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02437

(2)

1. Corporation Name

POMPAÑO PARK ASSOCIATES, INC.

Principal Place of Business

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

Mailing Address

P O BOX 11889  
LEXINGTON KY 40578-1889  
US

3. Date Incorporated or Qualified

06/15/1984

3a. Date of Last Report

06/18/1996

4. FEI Number

59-2437426

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THOBURN, THEODORE G  
COMMERCIAL BANK & TRUST  
2401 PGA BOULEVARD SUITE 198  
PALM BEACH GARDENS FL 32410

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTS ☐ DELETENAME LANG, MICHAEL J.  
STREET ADDRESS 2469 IRONWORKS PIKE  
CITY-ST-ZIP LEXINGTON KYTITLE P ☐ DELETENAME CASHMAN, JOHN A. JR.  
STREET ADDRESS 2469 IRONWORKS PIKE  
CITY-ST-ZIP LEXINGTON KYTITLE D ☐ DELETENAME TOLLESON, ROY M., JR.  
STREET ADDRESS ONE VILLAGE GREEN CIR  
CITY-ST-ZIP CHARLOTTESVILLE VATITLE D ☐ DELETENAME VAN LENNEP, MARY  
STREET ADDRESS 3377 NORTH OCEAN BLVD  
CITY-ST-ZIP DELRAY BEACH FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael J. Lang V.P. Finance

Date

1/7/97

Daytime Phone #

606 231-8768