

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90036 048 ****61.25

DOCUMENT # 708723

1. Entity Name
PALM TERRACE APARTMENTS OF POMPANO, INC.



Principal Place of Business
**PALM TERRACE APT OF POMPANO
750 PINE DR
POMPANO BEACH, FL 33060**

Mailing Address
**750 PINE DRIVE
2
POMPANO BEACH, FL 33060**

20004676



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1158074

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIEBKE, JIM
750 PINE DRIVE
2
POMPANO BCH, FL 33060**

7. Name and Address of New Registered Agent

Name
Davis, Jerry
Street Address (P.O. Box Number is Not Acceptable)
750 Pine Dr #18
City **Pompano Bch** **FL** Zip Code **33060**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	☒ Delete
NAME	LIEBKE, JIM	
STREET ADDRESS	750 PINE DRIVE # 2	
CITY - ST - ZIP	POMPANO BEACH, FL 33060	
TITLE	V	☐ Delete
NAME	DAVIS, JERRY	
STREET ADDRESS	750 PINE DRIVE # 18	
CITY - ST - ZIP	POMPANO BEACH, FL 33060	
TITLE	T	☐ Delete
NAME	GIBSON, ELIZABETH	
STREET ADDRESS	750 PINE DRIVE # 5	
CITY - ST - ZIP	POMPANO BEACH, FL 33060	
TITLE	AD	☐ Delete
NAME	BROWN, CAROL	
STREET ADDRESS	750 PINE DR APT 1	
CITY - ST - ZIP	POMPANO BEACH, FL 33060	
TITLE	AD	☐ Delete
NAME	SUMMA, LAURIE	
STREET ADDRESS	750 PINE DR 7	
CITY - ST - ZIP	POMPANO BEACH, FL 33060	
TITLE	S	☐ Delete
NAME	JACQUES, LARRY	
STREET ADDRESS	750 PINE DR #4	
CITY - ST - ZIP	POMPANO BEACH, FL 33060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	☒ Change ☐ Addition
NAME	Davis, Jerry	
STREET ADDRESS	750 Pine Dr #18	
CITY - ST - ZIP	Pompano Bch FL 33060	
TITLE	VP	☒ Change ☐ Addition
NAME	Jacques, Larry	
STREET ADDRESS	750 Pine Dr #4	
CITY - ST - ZIP	Pompano Bch FL 33060	
TITLE	Treasurer	☐ Change ☐ Addition
NAME	Gibson, Elizabeth	
STREET ADDRESS	750 Pine Dr #5	
CITY - ST - ZIP	Pompano Bch FL 33060	
TITLE	Secy.	☒ Change ☐ Addition
NAME	Summa, Laurie	
STREET ADDRESS	750 Pine Dr #7	
CITY - ST - ZIP	Pompano Bch FL 33060	
TITLE	DR	☐ Change ☒ Addition
NAME	Evans, Harold	
STREET ADDRESS	750 Pine Dr #14	
CITY - ST - ZIP	Pompano Bch FL 33060	
TITLE	DR	☐ Change ☒ Addition
NAME	Liebke, Mary Jane	
STREET ADDRESS	750 Pine Dr #2	
CITY - ST - ZIP	Pompano Bch FL 33060	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #