2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 708723

Entity Name: PALM TERRACE APARTMENTS OF POMPANO, INC.

Current Principal Place of Business:

PALM TERRACE APT OF POMPANO
750 PINE DR
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

750 PINE DRIVE
2
POMPANO BEACH, FL 33060

New Mailing Address:

750 PINE DRIVE
18
POMPANO BEACH, FL 33060

FEI Number: 59-1158074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, JERRY
750 PINE DRIVE
18
POMPANO BCH, FL 33060 US

Name and Address of New Registered Agent:

DAVIS, GERALD L
750 PINE DRIVE
18
POMPANO BCH, FL 33060 US

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.

SIGNATURE: GERALD L DAVIS 02/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: DAVIS, JERRY
Address: 750 PINE DR #18
City-St-Zip: POMPANO BEACH, FL 33060

Title: DR ( ) Delete
Name: EVANS, HAROLD
Address: 750 PINE DR #14
City-St-Zip: POMPANO BEACH, FL 33060

Title: T ( ) Delete
Name: GIBSON, ELIZABETH
Address: 750 PINE DRIVE # 5
City-St-Zip: POMPANO BEACH, FL 33060

Title: AD ( ) Delete
Name: BROWN, CAROL
Address: 750 PINE DR APT 1
City-St-Zip: POMPANO BEACH, FL 33060

Title: S ( ) Delete
Name: SUMMA, LAURIE
Address: 750 PINE DR 7
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP ( ) Delete
Name: JACQUES, LARRY
Address: 750 PINE DR #4
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: DAVIS, GERALD L
Address: 750 PINE DR #18
City-St-Zip: POMPANO BEACH, FL 33060

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD L DAVIS PRES 02/26/2009
Electronic Signature of Signing Officer or Director — Date