

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714157 (5)

1. Corporation Name

VIRGINIAN APARTMENTS OF POMPANO BEACH, INC.



Principal Place of Business

Mailing Address

**370 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060
US**

**370 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified
02/23/1968

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

29

Country

30

4. FEI Number
59-1229740

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 Fees**

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

~~BUTLER, JOHN J.
330 S. CYPRESS RD. #610
POMPANO BEACH FL 33060~~

81 Name **TOBA STEVENS**

82 Street Address (P.O. Box Number is Not Acceptable)
330 SO. CYPRESS RD. #624

83

84 City **POMPANO BEACH**

FL

85 Zip Code
33060

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

John Stevens

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, JOHN J.	
STREET ADDRESS	330 S. CYPRESS RD. #610	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEVENS, TOBA	
STREET ADDRESS	330 S. CYPRESS RD. #624	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, MYRTLE D.	
STREET ADDRESS	330 S. CYPRESS RD. #609	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAIGLE, ANDRE	
STREET ADDRESS	406 S. CYPRESS RD. #301	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EGAN, JAMES	
STREET ADDRESS	330 S. CYPRESS RD. #627	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEE, LEWIS	
STREET ADDRESS	406 S. CYPRESS RD. #302	
CITY - ST - ZIP	POMPANO BEACH FL	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TOBA STEVENS	
13 STREET ADDRESS	330 SO. CYPRESS RD. #624	
14 CITY - ST - ZIP	POMPANO BEACH, FLORIDA, 33060	
21 TITLE	VD & TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	RICHARD CHRISTIE	
23 STREET ADDRESS	330 SO. CYPRESS ROAD #524	
24 CITY - ST - ZIP	POMPANO BEACH, FLORIDA 33060	
31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JEAN GREGORY	
33 STREET ADDRESS	400 SO. CYPRESS RD. #428	
34 CITY - ST - ZIP	POMPANO BEACH, FLORIDA 33060	
41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	CATHERINE CHERRY	
43 STREET ADDRESS	350 SO. CYPRESS RD. #621	
44 CITY - ST - ZIP	POMPANO BEACH, FLORIDA 33060	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	JAMES EGAN	
53 STREET ADDRESS	330 SO. CYPRESS RD. #627	
54 CITY - ST - ZIP	POMPANO BEACH, FLORIDA 33060	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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.

SIGNATURE: *Richard P. Christie* RICHARD P. CHRISTIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VD & TD

1/22/96

Date

954-781-7817

Daytime Phone

CR2E037 (12/95)