

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 714157 (5)
1. Corporation Name
VIRGINIAN APARTMENTS OF POMPANO BEACH, INC.Principal Place of Business
370 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060
USMailing Address
370 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060-7134

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1968		3a. Date of Last Report 01/29/1996	
21		26		4. FEI Number 59-1229740		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, TOBA
330 S CYPRESS ROAD 624
POMPANO BEACH FL 33060

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 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

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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, TOBA	1.2 NAME	
STREET ADDRESS	330 S CYPRESS ROAD 624	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, TOBA	2.2 NAME	VD MILLER, CATHERINE
STREET ADDRESS	330 S. CYPRESS RD. #624	2.3 STREET ADDRESS	400 S. CYPRESS RD #407
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	POMPANO BEACH FL
TITLE	TDVD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, RICHARD	3.2 NAME	TD
STREET ADDRESS	350 S CYPRESS ROAD #524	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY, JEAN	4.2 NAME	SD CHERRY, CATHERINE
STREET ADDRESS	400 S CYPRESS ROAD #428	4.3 STREET ADDRESS	350 S. CYPRESS RD #522
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	POMPANO BEACH FL
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JAMES	5.2 NAME	D
STREET ADDRESS	330 S. CYPRESS RD. #627	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEE, LEWIS	6.2 NAME	D PONTOLUNA, JOSEPH
STREET ADDRESS	406 S. CYPRESS RD. #302	6.3 STREET ADDRESS	400 S. CYPRESS RD # 422
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	POMPANO BEACH FL

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025331

CR2E037 (9/96)