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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

FILED Feb 06 1998 8:00am Secretary of State

VIRGIN	NIAN APARTMENTS OF POM	PANO BEACH, INC.			
Principal Plac	ce of Business	Mailing Address		t samter endet inns menn visus Mitti sons nitte dielt Bintt diffil Millif Millif Millif	
370 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 POMPANO BEACH FL 33060			ı	3. Date Incorporated or Qualified 02/23/1968 4. FEI Number Applied Fo	or
				59-1229740 Not Applic	able
2. Principal F	Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired Security Securi	ıl
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be)
City & Sta	<u> </u>	City & State		Trust Fund Contribution	
23	ie			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	28	Country	8. This corporation owes or has paid the current year Intangible	
24	25	 	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren		, , , , , , , , , , , , , , , , , , ,	10. Name and Address of New Registered Agent	$\overline{}$
			81 Name D	onald St.Pierre	
STEVEN	IS, TOBA		L.I.	ress (P.O. Box Number is Not Acceptable)	\longrightarrow
330 S CYPRESS ROAD 624			310 S	o Cypress Rd. Apt. 704	
POMPAI	NO BEACH FL 33060		83	11,	
			84 City	85 Zip Code	
			Po	mpano Beach, FL 33060	
11. Pursuant office or	to the provisions of Sections 617.0502 registered agent, or both, in the State	? and 617.1508, Elerhia Statutes of Florida. Such chance was au	s, the above-named corp thorized by the corporat	ompano Beach FL 85 Zip Code 33060 20 20 20 20 20 20 20 20 20 20 20 20 20	red
agent. I a	am familiar with, and accept the obliga	tions of Section 617.0503, Flor	da Statutes.	1/2-loc	
I SIGNATURE	1 1/1/0-0-00		Registered Agent signature requir	1/0/0/1/1	_
12,	Signature, typed or printed name of registered ager OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	≥ DELETE	1.1 TITLE	DD TChange Add	ition
NAME	STEVENS, TOBA		1.2 NAME	Oonald St.Pierre	
STREET ADDRESS	330 S CYPRESS ROAD 624			310 So. Cypress Rd. Apt.704	
CITY-ST-ZIP	POMPANO BEACH FL			Pompano Beach, Fl. 33060	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change	ition
NAME	MILLER, CATHERINE		2.2 NAME		l
STREET ADDRESS	400 S. CYPRESS RD #407		2.3 STREET ADDRESS	, .	ĺ
CITY-ST-ZIP	POMPANO BCH FL		2. 4 CITY-ST-ZIP	and the second	
TITLE	TD	☐ DELETE	3.1 TITLE	Change Add	ition
NAME	CHRISTIE, RICHARD		3.2 NAME		
STREET ADDRESS	350 S CYPRESS ROAD #524		3.3 STREET ADDRESS		}
CITY-ST-ZIF	POMPANO BEACH FL	DELETE	3.4. CITY-ST-ZIP	Change Addi	ition
TITLE	SD CHEDDY CATHEDINE	i_1 DELETE	4.1 TITLE	☐ Change ☐ Addi	uoir
NAME	CHERRY, CATHERINE		4, 2 NAME		
STREET ADDRESS	350 S. CYPRESS RD. #522 POMPANO BEACH FL.		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		}
CITY-ST-ZIP TITLE	D DEACH FL.	DELETE	4.4 CHY-SI-ZIP 5.1 TITLE	☐ Change ☐ Addi	ition
NAME	EGAN, JAMES		5.2 NAME		
STREET ADDRESS	330 S. CYPRESS RD. #627		5.3 STREET ADDRESS		
CITY-ST-ZIP			•		1
	C POMPANO BCH FL		■ 5.4 CHY-St-7/P		
TITLE	POMPANO BCH FL D	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	☐ Change ☐ Addi	tlon
	D	DELETE		Change Addi	itlon
TITLE		DELETE	6.1 TITLE	Change Addi	itlon

I 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 of 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.