
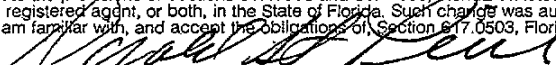


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 370 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060 US		Mailing Address 370 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1968	
21		26		4. FEI Number 59-1229740	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
9. Name and Address of Current Registered Agent STEVENS, TOBA 330 S CYPRESS ROAD 624 POMPANO BEACH FL 33060			10. Name and Address of New Registered Agent		
			81 Name Donald St.Pierre		
			82 Street Address (P.O. Box Number is Not Acceptable) 310 So.Cypress Rd. Apt. 704		
			83		
			84 City Pompano Beach, FL 85 Zip Code 33060		
11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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  DATE 1/30/98					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	STEVENS, TOBA				
STREET ADDRESS	330 S CYPRESS ROAD 624				
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	MILLER, CATHERINE				
STREET ADDRESS	400 S. CYPRESS RD #407				
CITY-ST-ZIP	POMPANO BCH FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	CHRISTIE, RICHARD				
STREET ADDRESS	350 S CYPRESS ROAD #524				
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	CHERRY, CATHERINE				
STREET ADDRESS	350 S. CYPRESS RD. #522				
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE	D	<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	PONTELIONA, JOSEPH				
STREET ADDRESS	400 S. CYPRESS RD. #422				
CITY-ST-ZIP	POMPANO BEACH FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Donald St.Pierre				
1.3 STREET ADDRESS	310 So. Cypress Rd. Apt.704				
1.4 CITY-ST-ZIP	Pompano Beach, FL. 33060				
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (10/97)