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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 714157

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

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

02/23/1968

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-1229740

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

Country

24

25

Zip

Country

29

30

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST PIERRE, DONALD
 310 S CYPRESS RD APT 704
 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	ST PIERRE, DONALD	1.2 NAME	
STREET ADDRESS	310 S CYPRESS RD, APT 704	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CATHERINE	2.2 NAME	D
STREET ADDRESS	400 S. CYPRESS RD #407	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, RICHARD	3.2 NAME	
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 type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, CATHERINE	4.2 NAME	SD NELSON, MARGE
STREET ADDRESS	350 S. CYPRESS RD. #522	4.3 STREET ADDRESS	412 350 CYPRESS RD #208
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	POMP BEACH FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JAMES	5.2 NAME	VD GERRY GERSTENBERG
STREET ADDRESS	330 S. CYPRESS RD. #627	5.3 STREET ADDRESS	418 S. CYPRESS RD #103
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	POMP BEACH FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTELIONA, JOSEPH	6.2 NAME	
STREET ADDRESS	400 S. CYPRESS RD. #422	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **R.P. CARBONETURE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99
 Date

954-781-7817
 Daytime Phone #

CR2E037 (1/198)