2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745999

FILED May 01, 2007 Secretary of State

Entity Name: POM-TOR TOWNHOUSES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3240 NE 11TH ST

POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

1220 MIAMI ROAD PO BOX 667348

SUITE#6 POMPANO BEACH, FL 33066 FT. LAUDERDALE, FL 33316

FEI Number: 59-2005484 FEI Number Applied For ()

FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHOOP, THOMAS V EGER, JOSEPH 1220 MIÁMI ROAD #6 3240 NE 11 ST

FT LAUDERDALE, FL 33316 POMPANO BEACH, FL 33062 US US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH EGER 05/01/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

EGER, JOSEPH EGER, JOSEPH Name: Name: 3244 NE 11TH ST #205 Address: 3244 NE 11TH ST #205 Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062

Title: SD () Delete Title: (X) Change () Addition

Name: JAOUHARD, NADER Name: JAOUHARD, SHERINE Address: 32040 NE 11 ST #201 Address: 32040 NE 11 ST #201 City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062

Title: () Delete Title: () Change () Addition

CIVITANO, FRANK Name: Name: 3244 NE 11 ST #105 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

CIVITANO, ADELE Name: Name: Address: Address: 3244 NE 11 ST City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE BLUM PM05/01/2007