2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 01, 2007
Secretary of State

DOCUMENT# 745999

Entity Name: POM-TOR TOWNHOUSES ASSOCIATION, INC.

Current Principal Place of Business:

3240 NE 11TH ST
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

PO BOX 667348
POMPANO BEACH, FL 33066

New Mailing Address:

1800 NW 49TH STREET
120
FORT LAUDERDALE, FL 33069

FEI Number: 59-2005484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EGER, JOSEPH
3240 NE 11 ST
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

ANGIONE, KATHLEEN ESQ.
1800 NW 49TH STREET
120
FORT LAUDERDALE, FL 33069 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: KATHLEEN ANGIONE, ESQ 08/01/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: D ( ) Delete
Name: JAOUHARD, SHERINE
Address: 32040 NE 11 ST #201
City-St-Zip: POMPANO BEACH, FL 33062

Title: D (X) Delete
Name: CIVITANO, FRANK
Address: 3244 NE 11 ST #105
City-St-Zip: POMPANO BEACH, FL 33062

Title: D (X) Delete
Name: CIVITANO, ADELE
Address: 3244 NE 11 ST
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition
Name: STOLLEE, ALLAN
Address: 3244 NE 11TH ST #203
City-St-Zip: POMPANO BEACH, FL 33062

Title: D,T (X) Change ( ) Addition
Name: ANGIONE, KATHLEEN
Address: 1800 NW 49TH STREET, STE 120
City-St-Zip: FORT LAUDERDALE, FL 33069

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KATHLEEN ANGIONE,ESQ. D 08/01/2007
Electronic Signature of Signing Officer or Director Date