

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714157

**FILED  
Mar 02, 2020  
Secretary of State  
2344991117CC**

**Entity Name:** VIRGINIAN APARTMENTS OF POMPANO BEACH, INC.

**Current Principal Place of Business:**

370 SOUTH CYPRESS ROAD  
OFFICE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

370 SOUTH CYPRESS ROAD  
OFFICE  
POMPANO BEACH, FL 33060 US

**FEI Number:** 59-1229740

**Certificate of Status Desired:** No

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

TEER, DAVID  
370 S CYPRESS RD  
OFFICE  
POMPANO BEACH, FL 33060 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:** DAVID TEER

03/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           STIPP, CHERYL  
Address        330 S CYPRESS RD APT 602  
City-State-Zip: POMPANO BEACH FL 33060

Title           ASST. SECRETARY  
Name           BOGERD, EVERT  
Address        400 S CYPRESS ROAD APT 426  
City-State-Zip: POMPANO BEACH FL 33060

Title           S, SECRETARY  
Name           PETRINI, JOYCE  
Address        418 S CYPRESS RD , APT 123  
City-State-Zip: POMPANO BEACH FL 33060

Title           VP  
Name           MEARS, WINIFRED  
Address        400 S CYPRESS RD APT 424  
City-State-Zip: POMPANO BEACH FL 33060

Title           DIRECTOR  
Name           LA ROCCA, LUIGI GINO  
Address        330 S CYPRESS RD APT 630  
City-State-Zip: POMPANO BEACH FL 33060

Title           PRESIDENT  
Name           TEER, DAVID  
Address        418 S CYPRESS RD APT 104  
City-State-Zip: POMPANO BEACH FL 33060

Title           ASST. TREASURER  
Name           PALM, CAROL  
Address        406 S CYPRESS ROAD APT 309  
City-State-Zip: POMPANO BEACH FL 33060

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID TEER

**PRESIDENT**

03/02/2020

Electronic Signature of Signing Officer/Director Detail

Date