

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90202 022 ****61.25

DOCUMENT # 708723

1. Entity Name
PALM TERRACE APARTMENTS OF POMPANO, INC.



Principal Place of Business
**750 PINE DRIVE
2
POMPANO BEACH, FL 33060**

Mailing Address
**750 PINE DRIVE
2
POMPANO BEACH, FL 33060**



2. Principal Place of Business
Palm Terrace Apts of Pompano

3. Mailing Address
Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.
750 Pine Dr

City & State
Pompano Bch FL 33060

City & State

4. FEI Number
59-1158074

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIEBKE, JIM
750 PINE DRIVE
2
POMPANO BCH, FL 33060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
**PTD
LIEBKE, JIM
750 PINE DRIVE # 2
POMPANO BEACH, FL 33060**

TITLE NAME ☐ Delete
**V
DAVIS, JERRY
750 PINE DRIVE # 18
POMPANO BEACH, FL 33060**

TITLE NAME ☐ Delete
**T
GIBSON, ELIZABETH
750 PINE DRIVE # 5
POMPANO BEACH, FL 33060**

TITLE NAME ☐ Delete
**AD
BROWN, CAROL
750 PINE DR APT 1
POMPANO BEACH, FL 33060**

TITLE NAME ☒ Delete
**AD
VILLEGAS, RAMON
750 PINE DRIVE # 8
POMPANO BEACH, FL 33060**

TITLE NAME ☐ Delete
**S
JACQUES, LARRY
750 PINE DR #4
POMPANO BEACH, FL 33060**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
**AD Laurie Summa
750 Pine Dr. #7
Pompano Bch FL 33060**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☒ Addition

TITLE NAME ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #