

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90070 003 \*\*\*\*61.25

<b>DOCUMENT # 709984</b>	
1. Entity Name <b>DEAUVILLE TERRACE, INC.</b>	

Principal Place of Business <b>2541 N E ELEVENTH ST POMPANO BEACH FL 33062</b>	Mailing Address <b>2541 N E ELEVENTH ST POMPANO BEACH FL 33062</b>
---	---



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>59-1160788</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>PATTEN, DEIRDRE D 2541 NE 11TH STREET, SUITE 110 POMPANO BEACH FL 33062</b>	
---	--

7. Name and Address of New Registered Agent  Name <b>LOUISE WALCZYK</b> Street Address (P.O. Box Number is Not Acceptable) <b>2541 N.E. 11ST. APT. 207 POMPANO BEACH, FL. 33062</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when re-registering)	DATE _____
--	---	------------

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LABERGE, PAUL 2541 NE 11TH ST #204 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDY, KAY 2541 NE 11TH ST #101 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREDETTE, HENRY 2541 NE 11TH ST #115 POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICHLER, JOHN 2541 NE 11TH ST #210 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUSSEL, GINETTE 2541 NE 11TH ST #106 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTYRE, TIMOTHY 2541 NE 11 ST #203 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. CLAUDE THIVIERGE APT. 202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MCINTYRE, TIMOTHY APT. 203 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR. WALCZYK, LOUISE APT. 207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. PICHLER, JOHN APT. 210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROUSSEL, GINETTE APT. 106 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, BRYAN APT. 205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Louise Walczyk (Louise WALCZYK) 3/28/07 954-242-2338