

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 012 ****61.25

DOCUMENT # 753479

1. Entity Name
VILLAGE TOWNHOUSE - POMPANO BEACH, INC.



Principal Place of Business
%KATZMAN & KORR, P.A.
1501 NW 49TH ST. SUITE 202
FT. LAUDERDALE, FL 33309 US

Mailing Address
%KATZMAN & KORR, P.A.
1501 NW 49TH ST. SUITE 202
FT. LAUDERDALE, FL 33309 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2031456

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KATZMAN & KORR
1501 NW 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

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, 2007**

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	P	<input checked="" type="checkbox"/> Delete
NAME	BELL, JACK	
STREET ADDRESS	1201 S FLAGLER AVE., #417	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KILLIAN, DEBORAH	
STREET ADDRESS	1201 S. FLAGLER AVE. #414	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SARAUTS, BILL	
STREET ADDRESS	5404 NE 22 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ACHOLLES, DON	
STREET ADDRESS	1225 S FLAGLER AVE., #313	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KALMES, LYNN	
STREET ADDRESS	1201 S FLAGLER AVE., #420	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFERTY, JAMES	
STREET ADDRESS	1125 S. FLAGLER AVE. #512	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCI, CHRISTINA	
STREET ADDRESS	1265 S. FLAGLER AVE #211	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, THOMAS	
STREET ADDRESS	1265 S. FLAGLER AVE #215	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYATT, ELIZABETH	
STREET ADDRESS	1145 S. FLAGLER AVE. #504	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINO, THEO	
STREET ADDRESS	1265 S. FLAGLER AVE. #216	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 this 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07

954-971-2270

Date

Daytime Phone #