

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006734

FILED
Mar 02, 2006
Secretary of State

Entity Name: POMPANO TERRACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

120 NW 15 CT
POMPANO BCH, FL 33060

New Principal Place of Business:

1530 NW 3RD AVENUE
POMPANO BCH, FL 33060

Current Mailing Address:

1530 NW 3RD AVENUE
POMPANO BCH, FL 33060

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LARKINS, TIMOTHY
1530 N.W. 3RD AVENUE
POMPANO BCH, FL 33060 US

Name and Address of New Registered Agent:

LARKIN, TIMOTHY
1530 NW 3RD AVENUE
POMPANO BCH, 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: TIMOTHY LARKIN

03/02/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LARKIN, TIMOTHY
Address: 1530 NW 3 AVE
City-St-Zip: POMPANO BCH, FL 33060

Title: P () Delete
Name: LARKIN, TIMOTHY
Address: 1530 N.W. 3RD AVENUE
City-St-Zip: POMPANO BCH, FL 33060

Title: DV () Delete
Name: SMITH, DEXTER
Address: 152 NW 15 PL
City-St-Zip: POMPANO BCH, FL 33060

Title: DS () Delete
Name: SMITH, TINA
Address: 152 NW 15TH PL
City-St-Zip: POMPANO BCH, FL 33060

Title: T () Delete
Name: CONEY, ROSA
Address: 148 NW 15 PL
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DS (X) Change () Addition
Name: JONES, BARBARA
Address: 1540 NW 3RD AVENUE
City-St-Zip: POMPANO BCH, FL 33060

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY LARKIN

P

03/02/2006

Electronic Signature of Signing Officer or Director

Date