


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000006734		
1. Entity Name POMPANO TERRACE HOMEOWNER'S ASSOCIATION, INC.		
Principal Place of Business 1530 NW 3RD AVENUE POMPANO BCH, FL 33060		Mailing Address 1530 NW 3RD AVENUE POMPANO BCH, FL 33060
DO NOT WRITE IN THIS SPACE		
		03062007 No Chg-NP CR2E037 (4/06)
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.
6. Name and Address of Current Registered Agent		
LARKIN, TIMOTHY 1530 NW 3RD AVENUE POMPANO BCH, FL 33060		DO NOT WRITE IN THIS SPACE
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LARKIN, TIMOTHY 1530 NW 3 AVE POMPANO BCH, FL 33060	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARKIN, TIMOTHY 1530 N.W. 3RD AVENUE POMPANO BCH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, DEXTER 152 NW 15 PL POMPANO BCH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JONES, BARBARA 1540 NW 3RD AVENUE POMPANO BCH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONEY, ROSA 148 NW 15 PL POMPANO BEACH, FL 33060	
TITLE 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 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: <i>Timothy Larkin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>3-19-07</i> Daytime Phone #