


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



02172008 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
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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LARKIN, TIMOTHY 1530 NW 3 AVE POMPANO BCH, FL 33060
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	

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03/06/08-80015-013 61.25

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: Timothy Larkin Timothy Larkin 2-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #