

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006734

FILED  
Feb 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1530 NW 3RD AVENUE  
POMPANO BCH, FL 33060

**New Principal Place of Business:**

**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 ( )**

**Name and Address of Current Registered Agent:**

LARKIN, TIMOTHY  
1530 NW 3RD AVENUE  
POMPANO BCH, FL 33060 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: JONES, BARBARA  
Address: 1540 NW 3RD AVENUE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA JONES

DS

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date