

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90019 001 ****61.50

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1. Entity Name

POMPANO TERRACE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

120 NW 15 CT
POMPANO BCH FL 33060

Mailing Address

120 NW 15 CT
POMPANO BCH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES



4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAGGS, BERNICE

120 NW 15 CT

POMPANO BCH FL 33060

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

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **SIMPSON, DARRYL**
STREET ADDRESS **210 NW 15 ST**
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DP** ☒ Delete
NAME **BRAGGS, BERNICE**
STREET ADDRESS **120 NW 15 CT**
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE ☐ Change ☒ Addition
NAME **President Timothy**
STREET ADDRESS **1530 N.W. 3rd Avenue**
CITY-ST-ZIP **Pompano Beach, Fla. 33060**

TITLE **DV** ☐ Delete
NAME **LARKIN, TIMOTHY**
STREET ADDRESS **1530 NW 3 AVE**
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE ☐ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **Edward Jones**
CITY-ST-ZIP **1540 N.W. 3rd Avenue**

TITLE **DS** ☐ Delete
NAME **HODGE, GWENDOLYN**
STREET ADDRESS **120 NW 15 PL**
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **AS** ☐ Delete
NAME **BLUE, NAOMI**
STREET ADDRESS **157 NW 15TH CT**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **ROBINSON, GLORIA J**
STREET ADDRESS **123 NW 15TH CT**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

Gwendolyn Hodge, 954-943-6215

CR2E037 (4/03)