

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90396 021 ****61.25

DOCUMENT # N95000005803

1. Entity Name
POMPAÑO BEACH PRESCHOOL PTC INC.



Principal Place of Business
**1801 N.E. 6TH STREET
POMPAÑO BEACH, FL 33060**

Mailing Address
**1801 N.E. 6TH STREET
POMPAÑO BEACH, FL 33060**

40057550



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0628024

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HAMBY, CENA
360 SE 8TH CT
POMPAÑO BEACH, FL 33060**

Name **ANNE-MARIE DOYLE**

Street Address (P.O. Box Number is Not Acceptable)

1801 N.E. 4th ST.

City **POMPAÑO BEACH**

FL

Zip Code **33060**

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

Sharon A. Lema

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **P** ☒ Delete
NAME **HAMBRYI, CENA**
STREET ADDRESS **360 SE 8TH CT**
CITY-ST-ZIP **POMPAÑO BEACH, FL 33060**

TITLE **P** ☒ Change ☐ Addition
NAME **ANNE-MARIE DOYLE**
STREET ADDRESS **1801 N.E. 4th ST.**
CITY-ST-ZIP **POMPAÑO BEACH, FL 33060**

TITLE **TD** ☐ Delete
NAME **LEMAN, SHARON A**
STREET ADDRESS **1801 N.E. 2 ST.**
CITY-ST-ZIP **POMPAÑO BEACH, FL 33060**

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

TITLE **SD** ☒ Delete
NAME **HADEN, KAREY**
STREET ADDRESS **601 NE 19 AVE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE **SD** ☒ Change ☐ Addition
NAME **ANNE SAUCY**
STREET ADDRESS **441 N.E. 2 ST.**
CITY-ST-ZIP **POMPAÑO BEACH, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Sharon A. Lema* **SHARON A. LEMAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

954-786-4180

Daytime Phone #