

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004136

FILED  
May 30, 2007  
Secretary of State

Entity Name: HILLSBORO PINES CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

5000 NW 77 CT .  
POMPANO BEACH, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5001 NW 76 PL .  
POMPANO BEACH, FL 33073

**New Mailing Address:**

FEI Number: 65-1033677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MCGAUGHEY, MELISSA  
5000 NW 77 CT.  
POMPANO BEACH, FL 33073      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: P      ( ) Delete  
Name: HAYES, MICHELE  
Address: 7550 N.W. 49 LANE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP      ( ) Delete  
Name: MILLER, JACK  
Address: 5180 NW 77 CT.  
City-St-Zip: POMPANO BEACH, FL 33073

Title: T      ( ) Delete  
Name: VANDEREEDT, PAMELA  
Address: 5001 NW 76TH PLACE  
City-St-Zip: POMPANO BEACH, FL 33073

Title: S      ( ) Delete  
Name: MCKINNEY, THERESA  
Address: 5410 N.W. 76 PLACE  
City-St-Zip: POMPANO BEACH, FL 33073

Title: D      ( ) Delete  
Name: GAYLE, STEVE  
Address: 5421 NW 77 CT  
City-St-Zip: POMPANO BEACH, FL 33073

Title: D      ( ) Delete  
Name: OLIVER, KELLI  
Address: 5410 NW 74 PL  
City-St-Zip: POMPANO BEACH, FL 33073

**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:

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: PAMELA VANDEREEDT

T

05/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date