

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004136

FILED
Apr 07, 2009
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 ()

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
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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

04/07/2009

Electronic Signature of Signing Officer or Director

Date