


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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90109 041 ****61.25

DOCUMENT # N00000004136

1. Entity Name
HILLSBORO PINES CIVIC ASSOCIATION, INC.



Principal Place of Business
**C/O MELISSA MCGAUGHEY
4830 N.W. 74TH PLACE
POMPANO BEACH FL 33073**

Mailing Address
**C/O MELISSA MCGAUGHEY
4830 N.W. 74TH PLACE
POMPANO BEACH FL 33073**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCGAUGHEY, MELISSA
4830 N.W. 74TH PLACE
POMPANO BEACH FL 33073**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, MIKE	
STREET ADDRESS	5350 NW 77 CT	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCGAUGHEY, MELISSA	
STREET ADDRESS	4830 NW 74 PL	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENEDICT, TERRI	
STREET ADDRESS	5013 NW 77 CT	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	S	<input type="checkbox"/> Delete
NAME	DODA, MARY	
STREET ADDRESS	5421 NW 77 CT	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAYLE, STEVE	
STREET ADDRESS	5421 NW 77 CT	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVER, KELLI	
STREET ADDRESS	5410 NW 74 PL	
CITY-ST-ZIP	POMPANO BEACH FL 33073	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michele Hayes	
STREET ADDRESS	7550 NW 49 Lane	
CITY-ST-ZIP	Coconut Creek FL 33073	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Miller	
STREET ADDRESS	5180 NW 77 Ct	
CITY-ST-ZIP	Pompano Beach FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theresa McKinney	
STREET ADDRESS	5410 NW 76 Place	
CITY-ST-ZIP	Pompano Beach, FLA 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michele Hayes **2-26-03** **425-0445**

CR2E037 (10/02)