FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15273** **(8)**

1. Corporation Name

POMPANO BEACH HIGHLANDS CIVIC IMPROVEMENT ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
1650 NE 50 CT. POMPANO BEACH FL 33064	POST OFFICE BOX 5788 LIGHTHOUSE POINT FL 33074 US

2. Principal Place of Business	2a. Mailing Address
21 1650 N.E. 50th Court	26 P.O. Box 5788
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Pompano Beach, FL	28 Lighthouse Point, FL
Zip / Country	Zip / Country
24 33064 / 25 Broward	29 33074 / 30 Broward

3. Date Incorporated or Qualified: 06/04/1986

3a. Date of Last Report: 06/19/1995

4. FEI Number: 65-0057983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HESSING, ROBERT
4918 NE 14 AVE.
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HESSING, ROBERT 4918 NE 14 AVE. POMPANO BEACH FL 33064	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP ROLLIN O'BRIEN 4150 NE 12 AVE. POMPANO BEACH FL 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, KEN 4985 NE 14 WAY POMPANO BEACH FL 33064	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S LAURA HAMPEL 5077 NE 17 DRIVE POMPANO BEACH FL 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAY, PAULA 3710 NE 16 TERRACE POMPANO BEACH FL 33064	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D THELMA KRUEGER 5083 NE 17 DRIVE POMPANO BEACH FL 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, JULIA 1421 NE 42 ST. POMPANO BEACH FL 33064	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, ELIZABETH 5071 NE 17 DR. POMPANO BEACH FL 33064	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/17/96 (954) 785-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #