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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33074-5788 US

3. Date Incorporated or Qualified: 06/04/1986
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business
21 1650 N.E. 50th Ct.
22 Suite, Apt. #, etc.
23 City & State: POMPANO BEACH, FL.
24 Zip: 33064
25 Country: BROWARD

2a. Mailing Address
26 P.O. BOX 5788
27 Suite, Apt. #, etc.
28 City & State: LIGHTHOUSE PT., FL
29 Zip: 33074
30 Country: BROWARD

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's signature required when reinstating)

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

CR2E037 (9/96)

14. I do 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 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 _____ 3/14/97 (954) 785-4700