FILE NOW: FILING FEE IS $61.25

FILED
Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: PAULA DAY
82 Street Address (P.O. Box Number is Not Acceptable): 3710 NE 16 TERRACE
83
84 City: POMPANO BEACH FL 85 Zip Code: 33064

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: Paula Day PAULA DAY President 1/3/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	HESSING, ROBERT		1.2 NAME		
STREET ADDRESS	4918 NE 14 AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		1.4 CITY-ST-ZIP		
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	P	☒ 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	T	☐ Change ☒ Addition
NAME	WHITE, JULIA		4.2 NAME	LOREN BROWER	
STREET ADDRESS	1421 NE 42 ST.		4.3 STREET ADDRESS	5034 N federal Hwy	
CITY-ST-ZIP	POMPANO BEACH FL 33064		4.4 CITY-ST-ZIP	Pompano Beach Fl 33064	
TITLE	VP	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	O'BRIEN, ROLLIN		5.2 NAME	Margeret Neal	
STREET ADDRESS	4150 NE 12TH AVE		5.3 STREET ADDRESS	1510 Ne 43 st	
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-ST-ZIP	Pompano Beach Fl 33064	
TITLE	S	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HAMPEL, LAURA		6.2 NAME	Jeanne Stewart	
STREET ADDRESS	5077 NE 17TH DR		6.3 STREET ADDRESS	1855 NE 48 St.	
CITY-ST-ZIP	POMPANO BCH FL		6.4 CITY-ST-ZIP	Pompano Beach Fl 33064	

CR2E037 (10/97)

14. 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 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: Paula Day PAULA DAY 1/3/98 954-781-7651