FILE NOW: FILING FEE IS $61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90223 040 ****61.25

0027260

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15273**

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 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	3. Date Incorporated or Qualifed 06/04/1986 4. FEI Number 65-0057983 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DAY, PAULA
3710 NE 16 TERRACE
POMOANO 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 Paula Day 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	VP	☐ DELETE	1.1 TITLE		☐ 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	P	☐ 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	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOWER, LOREN		4. 2 NAME		
STREET ADDRESS	5034 N FEDERAL HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	NEAL, MARGARET		5.2 NAME	Wendy Roberts	
STREET ADDRESS	1510 NE 43 ST		5.3 STREET ADDRESS	5147 NE 19 Terrace	
CITY-ST-ZIP	POMPANO BCH FL 33064		5.4 CITY-ST-ZIP	Pompano Beach, Fl. 33064	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, JEANNE		6.2 NAME		
STREET ADDRESS	1855 NE 48 TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Paula Day **REQUIRED** 2/27/99 954-781-7651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #