

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90296 038 ****61.25

DOCUMENT # N15273

1. Entity Name

**POMPANO BEACH HIGHLANDS CIVIC IMPROVEMENT
ASSOCIATION, INC.**



Principal Place of Business

**1650 NE 50 CT.
POMPANO BEACH FL 33064**

Mailing Address

**POST OFFICE BOX 5788
LIGHTHOUSE POINT FL 33074
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0057983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, JEANNE
1855 NE 48 CT
POMOANO BEACH FL 33064**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **D** ☒ Delete
NAME **O'BRIEN, ROLLIN**
STREET ADDRESS **4150 NE 12 AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☒ Delete
NAME **ROLANO, NOEL**
STREET ADDRESS **1571 NE 42 ST**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **P** ☐ Delete
NAME **STEWART, JEANNE**
STREET ADDRESS **1855 NE 48 CT**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VP** ☒ Delete
NAME **BOWER, LOREN**
STREET ADDRESS **5034 N FEDERAL HWY**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Delete
NAME **ROWE, BARBARA**
STREET ADDRESS **3781 NE 16 TERR**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **D** ☐ Delete
NAME **KUJAN, KENNETH**
STREET ADDRESS **1410 NE 40 CT**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Board Member** ☐ Change ☒ Addition
NAME **Derek Lawler**
STREET ADDRESS **N.E. 15 Court**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **Board Member** ☐ Change ☒ Addition
NAME **Jeff Leonard**
STREET ADDRESS **1430 N.E. 44 St**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **SECRETARY - S** ☐ Change ☒ Addition
NAME **LILLIAN LARSON**
STREET ADDRESS **1560 N.E. 44 St**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **SECRETARY - S** ☐ Change ☒ Addition
NAME **LILLIAN LARSON**
STREET ADDRESS **1560 N.E. 44 St**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **SECRETARY - S** ☐ Change ☒ Addition
NAME **LILLIAN LARSON**
STREET ADDRESS **1560 N.E. 44 St**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **SECRETARY - S** ☐ Change ☒ Addition
NAME **LILLIAN LARSON**
STREET ADDRESS **1560 N.E. 44 St**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

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 *Jeann Stewart* **Jeanne Stewart** **4/8/04** **954-429-8597**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #