2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N15273

Entity Name: POMPANO BEACH HIGHLANDS CIVIC IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1650 NE 50 CT.
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5788
LIGHTHOUSE POINT, FL 33074 US

New Mailing Address:

FEI Number: 65-0057983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TORREY, DONNA
4510 NE 15TH AVE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	TORREY, JEFF	
Address:	4510 NE 15TH AVE	
City-St-Zip:	POMPANO BEACH, FL 33064 US	
Title:	T	( ) Delete
Name:	EDWARDS, MIA	
Address:	1824 NE 50TH ST	
City-St-Zip:	POMPANO BEACH, FL 33064 US	
Title:	SS	( ) Delete
Name:	SYREK, WALTER	
Address:	131 NE 43RD CT	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	VP	( ) Delete
Name:	HYDE, JIM	
Address:	4311 NE 11TH TERRACE	
City-St-Zip:	POMPANO BEACH, FL 33064 US	
Title:	BM	( ) Delete
Name:	TORREY, DONNA	
Address:	4570 NE 15TH AVE	
City-St-Zip:	POMPANO BEACH, FL 33064 US	
Title:	BM	( ) Delete
Name:	ROWE, BARBARA	
Address:	3781 NE 16TH TERR	
City-St-Zip:	POMPANO BEACH, FL 33064	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	MANKO, MARIANNE	
Address:	1830 NE 42ND STREET	
City-St-Zip:	POMPANO BEACH, FL 33064 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA TORREY BM 04/20/2009

Electronic Signature of Signing Officer or Director — Date