2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15273

FILED Apr 20, 2009 Secretary of State

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

FORREY, DONNA 1510 NE 15TH AVE POMPANO BEACH, FL 3: The above named entity sun the State of Florida. BIGNATURE: Electronic DFFICERS AND DIRECT Title: P () Electronic DIAMBER TORREY, JEFF Address: 4510 NE 15TH AVE DITY OF TORREY DESCRIPTION	: 33074 US FEI Number Applied For () FI Irrent Registered Agent: 3064 US Ibmits this statement for the purpo	El Number Not Appli Name and a	ag Address: cable () Certificate of Status Desired (X) Address of New Registered Agent: s registered office or registered agent, or both, Date S/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition
POST OFFICE BOX 5788 LIGHTHOUSE POINT, FL FEI Number: 65-0057983 Name and Address of Cu FORREY, DONNA 1510 NE 15TH AVE POMPANO BEACH, FL 3: The above named entity su In the State of Florida. BIGNATURE: Electronic DFFICERS AND DIRECT Title: P () Elame: TORREY, JEFF Iddress: 4510 NE 15TH AV POMPANO BEACH TORREY, JEFF Iddress: 4510 NE 15TH AV POMPANO BEACH Title: T () E	33074 US FEI Number Applied For () FI Irrent Registered Agent: 3064 US Ibmits this statement for the purpo Signature of Registered Agent ORS: Delete	El Number Not Applion Name and	Cable () Certificate of Status Desired (X) Address of New Registered Agent: S registered office or registered agent, or both, Date S/CHANGES TO OFFICERS AND DIRECTORS:
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itle: SS () [lame: SYREK, WALTER ddress: 131 NE 43RD CT city-St-Zip: POMPANO BEAC		Title: Name: Address: City-St-Zip:	()Change ()Addition
ritle: VP ()[Jame: HYDE, JIM Address: 4311 NE 11TH TI City-St-Zip: POMPANO BEAC		Title: Name: Address: City-St-Zip:	() Change () Addition
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ritle: BM () [lame: ROWE, BARBAR kddress: 3781 NE 16TH TI city-St-Zip: POMPANO BEAC	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition

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