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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N45240** (1)  
1. Corporation Name  
**HILLSBORO PINES GOLF CLUB, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**2410 CENTURY BLVD DEERFIELD BEACH FL 33442 US**

3. Date Incorporated or Qualified **09/20/1991** 3a. Date of Last Report **02/02/1994**

4. FEI Number **65-0291845** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired  \$8.75 Additional Fee Required

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
**CLICKMAN, LARRY-Z  
301 YAMATO ROAD  
SUITE 4150  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
81 Name **Robert Burr**  
82 Street Address (P.O. Box Number is Not Acceptable) **301 YAMATO ROAD**  
83 **SUITE 4150**  
84 City **BOCA RATON FL** 85 Zip Code **33431**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Robert B. Burr* DATE **2-16-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **MATTIS, MAC**  
STREET ADDRESS **CAMBRIDGE E 3101**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D**  
NAME **REGAN, ARTHUR**  
STREET ADDRESS **22335 GUADELOUPE ST.**  
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D**  
NAME **STEIN, PETER**  
STREET ADDRESS **LYNDHURST H 2012**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D**  
NAME **LATZER, SAMUEL**  
STREET ADDRESS **PRESCOTT M 253**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D**  
NAME **KERNOFF, BENJAMIN-TILFORD**  
STREET ADDRESS **1170-**  
CITY-ST-ZIP **BOCA RATON FL**

5.1 TITLE  Change  Addition  
5.2 NAME **DIRECTOR**  
5.3 STREET ADDRESS **Ferrero, Eugene**  
5.4 CITY-ST-ZIP **LYNDHURST N 3065 DEERFIELD BEACH, FL 33442**

TITLE **D**  
NAME **SOBEL, DAVID A**  
STREET ADDRESS **LYNDHURST H-3040**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

6.1 TITLE  Change  Addition  
6.2 NAME **VP**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Martin M. Popelsky* DATE **MARTIN M. POPELSKY 1/20/95 305-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**