

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N45240** (1)

1. Corporation Name

HILLSBORO PINES GOLF CLUB, INC.



Principal Place of Business

Mailing Address

2410 CENTURY BLVD
DEERFIELD BEACH FL 33442
US

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DEERFIELD BEACH FL 33442
US

3. Date Incorporated or Qualified
09/20/1991

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0291845

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURR, ROBERT
301 YAMATO ROAD
SUITE 4150
BOCA RATON FL 33431

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATTIS, MAC	
STREET ADDRESS	CAMBRIDGE E 3101	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REGAN, ARTHUR	
STREET ADDRESS	22335 GUADELOUPE ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEIN, PETER	
STREET ADDRESS	LYNDHURST H 2012	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LATZER, SAMUEL	
STREET ADDRESS	PRESCOTT M 253	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRERO, EUGENE	
STREET ADDRESS	LYNDHURST N 3065	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP / DIR	<input type="checkbox"/> DELETE
NAME	SOBEL, DAVID A	
STREET ADDRESS	LYNDHURST H-3048	
CITY-ST-ZIP	DEERFIELD BEACH FL	

11 TITLE	PRESIDENT / DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MARTIN M. POPELSKY	
13 STREET ADDRESS	RICHMOND C 216	
14 CITY-ST-ZIP	Deerfield Beach, FL 33442	
21 TITLE	TREASURER / DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	NATHAN SILVERMAN	
23 STREET ADDRESS	CAMBRIDGE D 4022	
24 CITY-ST-ZIP	Deerfield Beach, FL 33442	
31 TITLE	SECRETARY / DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	NATHAN POPELSKY	
33 STREET ADDRESS	RICHMOND C 321	
34 CITY-ST-ZIP	Deerfield Beach, FL 33442	
41 TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	HY FISHMAN	
43 STREET ADDRESS	CAMBRIDGE B 3029	
44 CITY-ST-ZIP	Deerfield Beach, FL 33442	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martin M. Popelsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

DATE

305-421-1088

DAYTIME PHONE #

CR2E037 (12/95)