

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45240** (1)  
1. Corporation Name  
**HILLSBORO PINES GOLF CLUB, INC.**



Principal Place of Business 2410 CENTURY BLVD DEERFIELD BEACH FL 33442 US	Mailing Address 2410 CENTURY BLVD DEERFIELD BEACH FL 33442-3378 US
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3. Date Incorporated or Qualified <b>09/20/1991</b>	3a. Date of Last Report <b>01/29/1996</b>
4. FEI Number <b>65-0291845</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent  
**BURR, ROBERT  
301 YAMATO ROAD  
SUITE 4150  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>POPELSKY, MARTIN M</b>		1.2 NAME <b>STEIN, REVA</b>	
STREET ADDRESS <b>RICHMOND C 216</b>		1.3 STREET ADDRESS <b>NEWPORT U 1115</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>		1.4 CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>	
TITLE <b>T D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SILVERMAN, NATHAN</b>		2.2 NAME <b>KERNOFF, BENJAMIN</b>	
STREET ADDRESS <b>CAMBRIDGE D 4022</b>		2.3 STREET ADDRESS <b>TILFORD I 178</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>		2.4 CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STEIN, PETER</b>		3.2 NAME <b>POPELSKY, NAT</b>	
STREET ADDRESS <b>LYNDHURST H 2012</b>		3.3 STREET ADDRESS <b>RICHMOND C 321</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>		3.4 CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LATZER, SAMUEL</b>		4.2 NAME <b>FISHMAN, HY</b>	
STREET ADDRESS <b>PRESCOTT M 253</b>		4.3 STREET ADDRESS <b>CAMBRIDGE A 3029</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>		4.4 CITY-ST-ZIP <b>DEERFIELD BEACH, FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FERRERO, EUGENE</b>		5.2 NAME	
STREET ADDRESS <b>LYNDHURST N 3065</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>		5.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SOBEL, DAVID A</b>		6.2 NAME	
STREET ADDRESS <b>LYNDHURST H-3048</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>		6.4 CITY-ST-ZIP	

14. I do 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 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* **MARTIN M. POPELSKY, Pres.** 1/20/97

CR2E037 (9/96)