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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 09/20/1991	Applied For Not Applicable
4. FEI Number 65-0291845	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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

TITLE	P D <input type="checkbox"/> DELETE
NAME	POPELSKY, MARTIN M
STREET ADDRESS	RICHMOND C 218
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	T D <input type="checkbox"/> DELETE
NAME	SILVERMAN, NATHAN
STREET ADDRESS	CAMBRIDGE D 4022
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STEIN, REVA
STREET ADDRESS	NEWPORT U 1115
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 3085
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	VP <input type="checkbox"/> DELETE
NAME	SOBEL, DAVID A
STREET ADDRESS	LYNDHURST H-3048
CITY-ST-ZIP	DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BENJAMIN KERNOFF
1.3 STREET ADDRESS	178 TILFORD I
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HERMAN FISHMAN
2.3 STREET ADDRESS	CAMBRIDGE B-3029
2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NATHAN POPELSKY
3.3 STREET ADDRESS	RICHMOND C-321
3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *David Sobel* **DAVID SOBEL** 1/17/98

CP2E037 (10/97)