

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90098 005 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N45240  
 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

290106-90031-50 6 \*



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/20/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0291845
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	POPELSKY, MARTIN M	1.2 NAME	DIR/SECY George Stein
STREET ADDRESS	RICHMOND C 216	1.3 STREET ADDRESS	NEWPORT W 1115
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	DELETE <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	SILVERMAN, NATHAN	2.2 NAME	DIR JAMES PARLATORE
STREET ADDRESS	CAMBRIDGE D 4022	2.3 STREET ADDRESS	Westbury B 28
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	STEIN, REVA	3.2 NAME	DIR OSCAR BARNETT
STREET ADDRESS	NEWPORT U 1115	3.3 STREET ADDRESS	Ventnor O 3054
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	LATZER, SAMUEL	4.2 NAME	DIR SYDNEY GERBER
STREET ADDRESS	PRESCOTT M 253	4.3 STREET ADDRESS	Upminster L 202
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	FERRERO, EUGENE	5.2 NAME	DIR/TREAS BEN KERNOFF
STREET ADDRESS	LYNDHURST N 3065	5.3 STREET ADDRESS	Tilford I 178
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	5.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SOBEL, DAVID A	6.2 NAME	DIR DAVID A. SOBEL
STREET ADDRESS	LYNDHURST N 3048	6.3 STREET ADDRESS	LYNDHURST K 3048
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	6.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

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, with all other like empowered.

SIGNATURE: SONE FERREO REQUIRED 1/11/99 (974) 424-1188  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)