FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:55

DOCUMENT # 700143 (1)

1. Corporation Name
HILLSBORO CLUB, INC.

Principal Place of Business	Mailing Address
901 HILLSBORO MILE A1A POMPANO BEACH FL 33062-2601	901 HILLSBORO MILE HILLSBORO BEACH FL 33062 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1959
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-0877007 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (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

SOLER, VICKIE
C/O HILLSBORO CLUB
901 HILLSBORO MILE
HILLSBORO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: DAN DODGE
82 Street Address (P.O. Box Number is Not Acceptable): C/O Hillsboro Club
83: 901 Hillsboro Mile
84 City: Hillsboro Beach FL 85 Zip Code: 33062

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 _____ DANIEL DODGE 3/27/95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	☐ Change ☐ Addition
NAME	FAULKNER, AVERY C.	1.2 NAME	
STREET ADDRESS	TALL CHIMNEYS - RT 1 BOX 560 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELEPLANE VA	1.4 CITY-ST-ZIP	
TITLE	VCD	2.1 TITLE	☐ Change ☐ Addition
NAME	VAN DUSEN, BARBARA	2.2 NAME	
STREET ADDRESS	32205 BINGHAM RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAM FARMS MI	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	WESTCOTT, JOHN M. J	3.2 NAME	
STREET ADDRESS	21 ESSEX ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	☒ Change ☐ Addition
NAME	ZIMMERMAN, JOHN O.	4.2 NAME	TD
STREET ADDRESS	22 FINDLAY WAY	4.3 STREET ADDRESS	H.C. BOWEN SMITH
CITY-ST-ZIP	STONINGTON CT	4.4 CITY-ST-ZIP	334 LAKE AVENUE GREENWICH CT. 06830
TITLE	AT	5.1 TITLE	☒ Change ☐ Addition
NAME	SOLER, VICKIE H.	5.2 NAME	AT
STREET ADDRESS	901 HILLSBORO MILE (ATA)	5.3 STREET ADDRESS	VACANT
CITY-ST-ZIP	HILLSBORO BCH. FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	DODGE, DANIEL R.	6.2 NAME	
STREET ADDRESS	901 HILLSBORO MILE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH. FL	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 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: _____ 3/27/95 (305)944-2220
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DANIEL DODGE

000703