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 MAR -9 AM 9:05

DOCUMENT # 713828 (2)

1. Corporation Name

HILLSBORO SHORES IMPROVEMENT ASSOCIATION INCORPO RATED

Principal Place of Business	Mailing Address
2101 N. ANDREWS AVE., STE. 400 FT. LAUDERDALE FL 33311	2101 N. ANDREWS AVE., STE. 400 FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1967
3a. Date of Last Report: 05/05/1994
4. FEI Number: 59-2005107 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHORR, STEPHEN A ESQ.
2101 N. ANDREWS AVE., STE. 400
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D/V	☒ Change ☐ Addition
NAME	PRCHAL, CHERYL	1.2 NAME		
STREET ADDRESS	3406 BEACON ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL 33062	1.4 CITY-ST-ZIP		
TITLE	DVP	2.1 TITLE	D/V	☒ Change ☐ Addition
NAME	MCKENNA, RICK	2.2 NAME		
STREET ADDRESS	1903 BAY DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL 33062	2.4 CITY-ST-ZIP		
TITLE	DVP	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHORR, STEVE	3.2 NAME		
STREET ADDRESS	3416 DOVER RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL 33062	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	MCLAIN, MIKE	4.2 NAME		
STREET ADDRESS	3211 ROBBINS RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL 33062	4.4 CITY-ST-ZIP		
TITLE	DS	5.1 TITLE	D/P	☒ Change ☐ Addition
NAME	MEGALOUDIS, GAIL	5.2 NAME		
STREET ADDRESS	3413 BARTON RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL 33062	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D/S	☐ Change ☒ Addition
NAME		6.2 NAME	HELENE PASSIN	
STREET ADDRESS		6.3 STREET ADDRESS	2205 BAY DRIVE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	

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: Gail D. Megaloudis 3/6/95 (305)941-6235
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

000003B