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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 713828

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/20/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2005107 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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 _____ 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 ~~DP~~	☐ DELETE	1.1 TITLE	D/S	☒ Change ☐ Addition
NAME	~~SAAVEDRA~~, MARY		1.2 NAME	Glintz-Saavedra, Mary	
STREET ADDRESS	2509 N. RIVERSIDE DR		1.3 STREET ADDRESS	Same	
CITY-ST-ZIP	POMPANO BCH. FL 33062		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCKENNA, RICK		2.2 NAME		
STREET ADDRESS	1903 BAY DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	SCHORR, STEPHEN		3.2 NAME	SCHORR, STEPHEN	
STREET ADDRESS	3416 DOVER RD.		3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	POMPANO BCH. FL 33062		3.4 CITY-ST-ZIP		
TITLE	~~DT~~ D	☐ DELETE	4.1 TITLE	D/P	☒ Change ☒ Addition
NAME	EATON, RHONDA		4.2 NAME	Glaff, JACQUELINE	
STREET ADDRESS	2400 BAY DR		4.3 STREET ADDRESS	3420 Dover Road	
CITY-ST-ZIP	POMPANO BCH. FL 33062		4.4 CITY-ST-ZIP	Pompano Beach, Fla. 33062	
TITLE	~~DVP~~ D	☐ DELETE	5.1 TITLE	D/T	☒ Change ☒ Addition
NAME	HAMMETT, LINDA		5.2 NAME	Fecteau, Paul	
STREET ADDRESS	2105 N RIVERSIDE DR		5.3 STREET ADDRESS	3410 Beacon Road	
CITY-ST-ZIP	POMPANO BEACH FL 33062		5.4 CITY-ST-ZIP	Pompano Beach, Florida 33062	
TITLE	D	☐ DELETE	6.1 TITLE	D/1st VP	☐ Change ☒ Addition
NAME	PASSIN, HELENE		6.2 NAME	Schlegel, Paul	
STREET ADDRESS	2205 BAY DR		6.3 STREET ADDRESS	2203 Bay Drive	
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-ST-ZIP	Pompano Beach, Florida 33062	

CR2E037 (11/98)

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: SIGNATURE REQUIRED W. P., Dir 4/22/99 954-564-4805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #