2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 8:00 am Secretary of State

								Secretary or State				
DOCUMENT # 713828 1. Entity Name HILLSBORO SHORES IMPROVEMENT ASSOCIATION INCORPORATED							0.	3-06-2006	_			
Principal Place of Business 625 NE 3RD AVE FT. LAUDERDALE, FL 33304			Mailing Address 2203 BAY DR POMPANO BEACH, FL 33062					dones	. .			
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02232006 _{Cl}	ng-NP	CR2E	37 (11/05)	
City & State			City & State			•		4. FEI Number 59-200510				plied For
Zip	Country				Cour	5. Certificate of Status Desired			\$9.75 Additional			
6. Name and Address of Current Registered Agent								7. Name and Add	ress of New R	egistered	Agent	
Name and Address of Outself Registered Agent										•		
SCHORR, 625 NE 3F FT. LAUDI		}	Street Ad	ddress (F	P.O. Box Number is I	Not Acceptable	3)					
11. LAODI	CNOALL, I	L 33394			1							
j 4											. ,	
						FL Zip Code						
8. The above	named entity	submits this statement for red agent.	the purp	ose of changing its	registere	d office or	register	ed agent, or both, in	the State of Flo	orida. I an	familiar with,	and accept
SIGNATURE												
	Signature, typed or	r printed name of registered agent a	and title if app	licable. (NOTE	: Registered	Ageni signatu	re required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Fin Trust Fund Contribution					\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		OFFICERS AND DIF	ECTORS		11.			ADDITIONS/CHANG	ES TO OFFICE	ח חוא פּם	IRECTORS IN	10
TITLE	DP	ý		☐ Delete	TITLE	· ·	<u>.</u>		LO TO OTTIOL	107400	☐ Change	Addition
NAME	SCHLEGEL	L. PAUL		Dolote	NAME						C cuarde	
STREET ADDRESS	2203 BAY DR					T ADDRESS	PRESS					
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CIT								
TITLE	DV			☐ Delete	TITLE						Change	Addition
NAME	SCHORR.	STEVEN		La Delete	NAME	I			,		[_] Change	
STREET ADDRESS	3416 DOVE	ER RD				T ADDRESS						
CITY-ST-ZIP	POMPANO	BCH., FL 33062			CITY-	ST-ZIP						
TITLE	DV			☐ Delete	TITLE						☐ Change	Addition
NAME	GLAFF, JA	CKIE		Delete	NAME				-	-	creatige	
STREET ADDRESS	3420 DOVE					T ADDRESS						
CITY-ST-ZIP	POMPANO	BCH., FL 33062			CITY-	ST-ZIP						
TITLE	SD			☐ Delete	TITLE						☐ Change	☐ Addition
NAME	CLINCE, M	ARY			NAME							
STREET ADDRESS	2509 N RIV	ERSIDE DR			STREE	T ADDRESS						
CITY-ST-ZIP	POMPANO	BEACH, FL 33062			CITY-	ST-ZIP						
TITLE	D			☐ Delete	TITLE						☐ Change	Addition
NAME	MCKENNA	, RICK			NAME							
STREET ADDRESS	471 SE 15	AVE				T ADDRESS						
CITY-ST-ZIP	1	BEACH, FL 33060				ST-ZIP						
TITLE	DT			☐ Delete	TITLE						☐ Change	Addition
NAME	RAPPA, HL	JGH G		O01000	NAME						Onlings	A0000011

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 3206 ROBBINS RD

CITY-S1-ZIP POMPANO BEACH, FL 33062

TED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/06

854 771 8920

Daytime Phone #