2008 NOT-FOR-PROFIT CORPORATION → ANNUAL REPORT

SIGNATURE:

FILED Feb 25, 2008 08:00 AN Secretary of State

DOCUMENT # 713828 1. Entity Name HILLSBORO SHORES IMPROVEMENT ASSOCIATION INCORPORATED Principal Place of Business 625 NE 3RD AVE Mailing Address 2203 BAY DR					S	Secretary (of Sta	
	DALE, FL 33304		OMPANO BEACH, FL 33062					
				Í (1887) (888) (
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112008	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-2005	107		phed For	
Zip Country		Zip	Country		5 Certificate of Status Desired S8.75 Additional			
6. Name and Address of Current Re		enistered Agent			7. Name and Address of New Registered Agent			
		ogiatorou Agorit	Name	<u> </u>				
625 NE 3R			Street Adda	ress (P.O. Box Number	P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE, FL 33304								
			City		•	FL Zip Code	e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of replaced agent and hitle if applicable. (NOTE: Registered Agent signature required when reinstating). DATE								
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHAP	NGES TO OFFICE	ERS AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHLEGEL, PAUL 2203 BAY DR POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	Addition	
TITLE	DV	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	SCHORR, STEVEN 3416 DOVER RD		NAME STREET ADDRESS					
CITY-ST-7IP	POMPANO BCH., FL 33062		CITY-ST-ZIP		U00000836285			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GLAFF, JACKIE 3420 DOVER RD. POMPANO BCH., FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	03/174/08-	-80009-0 <u>⊟</u> 2cning	Addition	
TITLE NAME STREET ADDRESS	SD CLINCE, MARY 2509 N RIVERSIDE DR	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addilion	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP					
TITLE NAME	D SIMROSS, LYNN	☐ Delete	TITLE NAME			☐ Change ·	Addition	
STREET ADDRESS CITY-ST-ZIP	3406 ROBBINS RD. POMPANO BEACH, FL 33062		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPPA, HUGH G 3206 ROBBINS RD POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby certify that the information supplied with this filing 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								