## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT #716651** 04-30-2004 90211 001 \*\*\*\*61.25 HILLSBORO LIGHT TOWERS, INC. Principal Place of Business Mailing Address % CCM % CCM 94073550 10034 W. MCNAB RD. 10034 W. MCNAB RD. TAMARAC, FL 33321 TAMARAC, FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 Cha-NP CR2E037 (10/03) City & State City & State 4. EEI Number Applied For 59-1407433 Not Applicable Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILES, JAMES R % CONSOLIDATED COMMUNITY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 10034 W. MCNAB RD. TAMARAC, FL 33321 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change . Addition ☐ Delete TITLE Kaufman, Michael 10034 MENAG Rd KAUFMAN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 2639 N RIVERSIDE DR # 201 33321 Temarac, 7L CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33062 TD TITLE ☐ Change M Addition ☐ Delete TITLE moore Arthur 10034 me Maio Rd Arthor MARTENS, JACK NAME NAME STREET ADDRESS 2639 N RIVERSIDE DR # 304 STREET ADDRESS TAMARAC, 74 33321 CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE Shearer, loanne NAME MATHIESON, ALEXANDER NAME 10034 w michalo Rel STREET ADDRESS 2639 N. RIVERSIDE DR. #1002 STREET ADDRESS FAMARAC. TL 33321 CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP ☐ Addition Change TITLE **VPD** ☐ Defete TITLE milton, Adviand NAME LARKIN, DONALD NAME STREET ADDRESS 2639 N. RIVERSIDE DR. #1406 STREET ADDRESS 7-6 33321 CITY-ST-7IP TAMARAC, POMPANO BEACH, FL 33062 CITY-ST-ZIP Addition ☐ Change TITLE □ Delete TITLE moseley, scott NAME MILTON, ADREAN NAME STREET ADDRESS 2639 N. RIVERSIDE DR. #206 STREET ADDRESS AMARACITL CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE D TITLE NAME MOZAYENY, KEW

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certified with the information indicated on this report of the exemption of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certified with the information indicated in Section 119.07(3)(iii). Florida Statutes. I further certified with the information indicated in Section 119.07(3)(iii). Florida Statutes. I further certified with the information indicated in Section 119.07(3)(iii). Florida Statutes. I further certified with the information indicated in Section 119.07(3)(iii). Florida Statutes. I further certified with the information indicated in Section 119.07(3)(iii). Florida Statutes. I fur indicated on this report or suppler of the corporation or the receiver changed, or on an attachment wit an address

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

2639 N. RIVERSIDE DR. #1201

POMPANO BEACH, FL 33069

NAME

STREET ADDRESS

CITY-ST-ZIP

James R. Miles SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Attackment P#116651

Additional Board Member 2004

Kew Mozaneny - Director 10034 W McNab Road Tamarac, FL 33321