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

APPROVED AND FILED
95 APR 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738841 (6)

1. Corporation Name
HILLSBORO HARBOR CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 238 POMPANO BEACH FL 33061	P O BOX 238 POMPANO BEACH FL 33061

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

FLOM, JEAN
2801 NE 22ND COURT
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	DV	1.1 TITLE		☐ Change ☐ Addition
NAME	MULDER, STEVE	1.2 NAME		
STREET ADDRESS	2906 NE 22 COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	FLOM, JEAN	2.2 NAME		
STREET ADDRESS	2801 NE 22ND CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	BARCHESKI, MARIE-HELENE	3.2 NAME		
STREET ADDRESS	2941 NE 23RD STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	ANDERSON, PAT	4.2 NAME	Alice Villa	
STREET ADDRESS	2650 NE 24 STREET	4.3 STREET ADDRESS	2960 NE 23 St	
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	Pompano Beach	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FRENCH, BRUCE	5.2 NAME		
STREET ADDRESS	2630 NE 23 STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 00000	5.4 CITY-ST-ZIP		
TITLE	DT	6.1 TITLE		☐ Change ☐ Addition
NAME	OLSON, MARY	6.2 NAME		
STREET ADDRESS	2831 NE 22ND CT.	6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL	6.4 CITY-ST-ZIP		

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: Mary A Olson April 22, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
1-305-943-5281

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