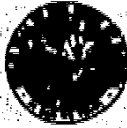


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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.

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 ☐

5. Certificate of Status Desired ☐ **\$0.75 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

Principal Place of Business

Mailing Address

**P O BOX 238
POMPANO BEACH FL 33061**

**P O BOX 238
POMPANO BEACH FL 33061**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE DV
NAME MULDER, STEVE
STREET ADDRESS 2906 NE 22 COURT
CITY-ST-ZIP POMPANO BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**TITLE P
NAME FLOM, JEAN
STREET ADDRESS 2801 NE 22ND CT.
CITY-ST-ZIP POMPANO BCH. FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**TITLE DS
NAME BARCHESKI, MARIE-HELENE
STREET ADDRESS 2941 NE 23RD STREET
CITY-ST-ZIP POMPANO BCH, FL 00000**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**TITLE D
NAME ANDERSON, PAT
STREET ADDRESS 2850 NE 24 STREET
CITY-ST-ZIP POMPANO BCH, FL 00000**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Alice Villa**
4.3 STREET ADDRESS **2960 NE 23ST**
4.4 CITY-ST-ZIP **Pompapo Beach**

**TITLE D
NAME FRENCH, BRUCE
STREET ADDRESS 2830 NE 23 STREET
CITY-ST-ZIP POMPANO BCH, FL 00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**TITLE DT
NAME OLSON, MARY
STREET ADDRESS 2831 NE 22ND CT.
CITY-ST-ZIP POMPANO BCH. FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1995

Date

Daytime Hours

1-305-943-5281