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FILED
May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 738841 (6) 1. Corporation Name HILLSBORO HARBOR CIVIC ASSOCIATION, INC.					
Principal Place of Business P O BOX 238 POMPANO BEACH FL 33061		Mailing Address P O BOX 238 POMPANO BEACH FL 33061-0238			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/25/1977 3a. Date of Last Report 09/20/1996 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE: <i>Mary C Olson</i> (NOTE: Registered Agent signature required when reinstating) DATE: May 15, 1997					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
P MULDER, STEVE 2906 NE 22 COURT POMPANO BEACH FL		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
D FLOM, JEAN 2801 NE 22ND CT. POMPANO BCH. FL		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
DS BARCHESKI, MARIE-HELENE 2941 NE 23RD STREET POMPANO BCH, FL 00000		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
D VILLA, ALICE 2910 NE 23RD STREET POMPANO BCH, FL 00000		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
D FRENCH, BRUCE 2630 NE 23 STREET POMPANO BCH, FL 00000		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
T OLSON, MARY 2831 NE 22ND CT. POMPANO BCH. FL		<input type="checkbox"/> DELETE			
14. I do hereby certify that the information supplied with this filing 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: <i>Mary C Olson</i> DATE: Jan 28, 97 / 954-948-5281 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0025336					



CR2E037 (9/96)