


FILE NOW: FILING FEE IS \$61.25

May 1, 1998

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738841** (6)

1. Corporation Name

HILLSBORO HARBOR CIVIC ASSOCIATION, INC.



Principal Place of Business P O BOX 238 POMPAÑO BEACH FL 33061	Mailing Address P O BOX 238 POMPAÑO BEACH FL 33061
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3. Date Incorporated or Qualified 04/25/1977
4. FEI Number NOT APPLICABLE
Applied For <input checked="" type="checkbox"/> Not Applicable

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
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent OLSON, MARY C 2831 N.E. 22 CT POMPAÑO BCH FL 33062
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10. Name and Address of New Registered Agent 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 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 *Mary C Olson* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MULDER, STEVE
STREET ADDRESS	2906 NE 22 COURT
CITY-ST-ZIP	POMPAÑO BEACH FL
TITLE	D/V P <input type="checkbox"/> DELETE
NAME	FLOM, JEAN
STREET ADDRESS	2801 NE 22ND CT.
CITY-ST-ZIP	POMPAÑO BCH. FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	BARCHESKI, MARIE-HELENE
STREET ADDRESS	2941 NE 23RD STREET
CITY-ST-ZIP	POMPAÑO BCH, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VILLA, ALICE
STREET ADDRESS	2910 NE 23RD STREET
CITY-ST-ZIP	POMPAÑO BCH, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FRENCH, BRUCE
STREET ADDRESS	2830 NE 23 STREET
CITY-ST-ZIP	POMPAÑO BCH, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	OLSON, MARY
STREET ADDRESS	2831 NE 22ND CT.
CITY-ST-ZIP	POMPAÑO BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Director
1.3 STREET ADDRESS	Dolores Wallis
1.4 CITY-ST-ZIP	2660 NE 23 CT Pompano Beach, FL 33062
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	Steve Molinari
2.4 CITY-ST-ZIP	2951 NE 23 ST Pompano Beach FL 33062
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	Curtis Kruger
3.4 CITY-ST-ZIP	2810 NE 23 ST Pompano Beach FL 33062
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Mary C Olson* *April 2, 1998* *943-5281*

CR2E037 (1097)