

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90010 017 ****61.25

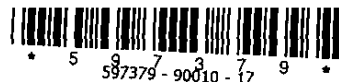
DOCUMENT # 738841

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

04/25/1977

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

OLSON, MARY-C
2831 N.E. 22 CT
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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DOLORES WALLIS
STREET ADDRESS 2660 NE 23RD CT
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE DVP ☒ DELETE

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

TITLE DS ☐ DELETE

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

TITLE P ☒ DELETE

NAME STEVE MOLINARI
STREET ADDRESS 2951 NE 23RD ST
CITY-ST-ZIP POMPANO BCH, FL 00000 33062

TITLE D ☐ DELETE

NAME CURTIS KRUGER
STREET ADDRESS 2810 NE 23RD ST
CITY-ST-ZIP POMPANO BCH, FL 00000 33062

TITLE T ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DVP
VICKI M Molinari
2951 N.E. 23 ST
Pompapo Beach FL 33062

President
Steve Molinari
2801 N.E. 22 CT
Pompapo Beach FL 33062

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED
Olson 7/4/99 954-943-

Date

Daytime Phone

CR2E037 (5/99)