

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738841

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSON, MARY C
2831 N.E. 22 CT
POMPANO BCH FL 33062

7. Name and Address of New Registered Agent

Name

Jean Flom

Street Address (P.O. Box Number is Not Acceptable)

2801 NE 22nd Court

City

Pompano Beach FL

Zip Code

33062

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Jean Flom

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election, Campaign, Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VILLA, ALYCE
STREET ADDRESS 2910 N.E. 23ST
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE DVP ☐ Delete
NAME MOLINANI, VICKI
STREET ADDRESS 2951 NE 23 ST
CITY-ST-ZIP POMPANO BEACH FL 33062

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

TITLE P ☐ Delete
NAME FLOM, JEAN
STREET ADDRESS 3801 NE 22ND CT
CITY-ST-ZIP POMPANO BEACH FL 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jean Flom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02 954 941 5813
Date Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90062 020 ****61.25



DO NOT WRITE IN THIS SPACE

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