

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 738841**

1. Entity Name  
**HILLSBORO HARBOR CIVIC ASSOCIATION, INC.**



Principal Place of Business  
P O BOX 238  
POMPAÑO BEACH, FL 33061

Mailing Address  
2801 NE 22ND CT.  
POMPAÑO BEACH, FL 33062



07142004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

FLOM, JEAN  
2801 NE 22ND COURT  
POMPAÑO BCH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000171815  
09/08/04-80006-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, ALYCE 2910 N.E. 23ST POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAINTER, LESLIE 2161 NE 28TH AVENUE POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARCHESKI, MARIE-HELENE 2941 NE 23RD STREET POMPAÑO BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOM, JEAN 3801 NE 22ND CT POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS KRUGER 2810 NE 23RD ST POMPAÑO BCH, FL 00000, 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUGER, NANCY 2810 NE 23RD STREET POMPAÑO BEACH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **JEAN FLOM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/31/04**  
Date

**954 941 5813**  
Daytime Phone #