


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 738841 1. Entity Name HILLSBORO HARBOR CIVIC ASSOCIATION, INC.	
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Principal Place of Business P O BOX 238 POMPANO BEACH, FL 33061	Mailing Address 2801 NE 22ND CT. POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



07282005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLOM, JEAN 2801 NE 22ND COURT POMPANO BCH, FL 33062	DO NOT WRITE IN THIS SPACE
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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 *Jean Flom* 7/27/05
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 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, ALYCE 2910 N.E. 23ST POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAINTER, LESLIE 2161 NE 28TH AVENUE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARCHESKI, MARIE-HELENE 2941 NE 23RD STREET POMPANO BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOM, JEAN 3801 NE 22ND CT POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS KRUGER 2810 NE 23RD ST POMPANO BCH, FL 00000, 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUGER, NANCY 2810 NE 23RD STREET POMPANO BEACH, FL 33062

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08/01/05-80005-023 61.25

**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)(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 (JEAN Flom)* 7/27/05 9549415813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #