

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 738841

1. Entity Name
HILLSBORO HARBOR CIVIC ASSOCIATION, INC.



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

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



04282006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE D
NAME PAINTER, LESLIE
STREET ADDRESS 2161 NE 28TH AVENUE
CITY-ST-ZIP POMPAO BEACH, FL 33062

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

TITLE P
NAME FLOM, JEAN
STREET ADDRESS 3801 NE 22ND CT
CITY-ST-ZIP POMPAO BEACH, FL 33062

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

TITLE D
NAME KRUGER, NANCY
STREET ADDRESS 2810 NE 23RD STREET
CITY-ST-ZIP POMPAO BEACH, FL 33062

U000000550433
05/13/06-80057-018 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06 9549415813