

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2007 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**



07102007 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 ☐ **\$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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000768748
07/13/07-80010-016 61.25

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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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

7/4/07
Date

9549415813
Daytime Phone #