

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769728 (7)

1. Corporation Name
HILLSBORO COVE YACHT CLUB, INC.



Principal Place of Business 1365 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441	Mailing Address 1365 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1983		3a. Date of Last Report 04/20/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2364844		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KNOX, JOHN W. 1523 E. HILLSBORO BLVD. #633 DEERFIELD BEACH FL 33441				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANGEL BYRON			1.2 NAME	WEATHERLY, DAN		
STREET ADDRESS	1319 E HILLSBORO BLVD #508			1.3 STREET ADDRESS	1423 E. HILLSBORO BLVD. #319		
CITY-ST-ZIP	DEERFIELD BCH FL			1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD		
NAME	WEATHERLY, DAN			2.2 NAME	DIROCCO, ROBERT		
STREET ADDRESS	1423 E. HILLSBORO BLVD #319			2.3 STREET ADDRESS	1319 E. HILLSBORO BLVD. #415		
CITY-ST-ZIP	DEERFIELD BEACH FL			2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33441	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	KNOX, CECILIA (DEDE)			3.2 NAME			
STREET ADDRESS	1523 E. HILLSBORO BLVD #633			3.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOX, JOHN W.			4.2 NAME			
STREET ADDRESS	1523 E. HILLSBORO BLVD. #633			4.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. KNOX

TREASURER

Date

Daytime Phone #

MARCH 6, 1996

(954) 426-4991

CR2E037 (12/95)