## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

769728

(7)

1. Corporation	n Name					` '					ļ					
HILLSB	oro co	VE Y	ACHT CLUB,	INC	•											
Principal Place		Mailing A	Address					7		ON ENDER END	II BIBII OIBII BI	ER BIBIT HOOF				
1365 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441  1365 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441								4205								
									Ī	3. Date Incorporated or Qualified 08/08/1983		te of Last R 03/13/19		]		
2. Principal Pi	lace of Busi	[2	2a. Mailing Address						7	4. FEI Number	<del></del>	Ap	plied For	]		
21					26						4	59-2364844			t Applicable	4
Suite, Apt.	#, e1c.	27	Suite, Apt. #, etc.							5. Certificate of Status Desired		\$8.75 / Fee Re		ľ		
City & State	e			121	City & State						-	6. Election Campaign Financing			<del></del>	┪
23		28	28						1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country				Zip			Country			7	8. This corporation has liability for intangible tax under s. 199.03				
24	25				29					<del></del>	_		Yes [			4
9. Name and Address of Current Registered Agent										lame		10. Name and Address of New Re	gistered /	- gent		4
DUAY I	0.10.34							81	Ľ	атю						
KNOX, J						82 Street Add			res	s (P.O. Box Number is Not Acceptab	le)			1		
	HILLSBOR ELD BEACH						├							$\dashv$		
DECKNIC	LU DEAUT	1 FL 3	13441					83	L							1
								84	C	ity			FL	<b> 85</b>   Zip (	Code	1
11. Pursuant	to the provis	ions o	Sections 617.05	02 and	617.150	8, Florida Statut	es, the	above	e-na	amed cor	por	ation submits this statement for the p		changing it	s registered	1
office or r agent. La	registered ag ım familiar w	gent, o ith, an	r both, in the Stat d accept the oblig	e of Fk gations	orida. Sud of, Secti	ch change was a ion 617.0503, Fk	authori orida S	zed by itatutes	y the s.	e corpora	tior	ation submits this statement for the p n's board of directors. I hereby accep	t the app	ointment as	registered	İ
SIGNATURE .												when reinstating)	DATE		<del></del> ,	
12.	Signature, types	a to the the	OFFICERS AN						eric bij	griature radu	ireQ.	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	IS IN 12	19
TITLE	PD					DELETE	1.	TITLE			P7	D		Change	Addition	_ §
NAME	WEATH	ERLY,	DAN					1.2 NAME D			Dirocco, Robert					1
STREET ADDRESS	1423 E	HILLS	BORO BLVD #	319	9 1.			The state of the s		13	1319 E. HILLSBORO BLVD. # 415					
CITY-ST-ZIP	DEERFI	ELD E	EACH FL								DEERFIELD BEACH, FL. 33441					_ 8
TITLE	VD					DETELE	2	1 TITLE		1	V/	'D		Change	Addition	١
NAME	DIROCO		2.	2 NAME				ONTERE, RICHARD								
STREET ADDRESS			BORO BLVD #	415								27 E, HILLSBORO BLV		229		1
CITY-ST-ZIP		ELD E	EACH FL			- AFLETE		4 CITY -	\$T - Z	iP ]	DE	ERFIELD BEACH, FL.	33441	Chann	1 1 4 4 9 5 6	4
TITLE	SD KNOV	רבטיי	IV (DEDE)			DELETE	1	1 TITLE						Change	Addition	1
NAME			.ia (dede) Sboro blvd 4	<b>1633</b>			_	2 name 3 street	- 4DD	NOTOO .						ı
STREET ADDRESS			BEACH FL	1000			1			1						l
CITY+ST-ZIP TITLE	TD	LLD L	LACITIE			DELETE	_	4. CITY-: 1 TITLE	21-1	SP				☐ Change	Addition	┪
NAME	KNOX,	JOHN	W.				- 1	2 NAME		1		•				ł
STREET ADDRESS			sboro blvd.	#633				3 STREET		DRESS						1
CITY-ST-ZIP			SEACH FL				- 1	4 CITY- S		- 1						1
TITLE					·	DELETE		TITLE				· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	}						5.	2 NAME		}						1
STREET ADDRESS							5.	3 STREET	T ADD	DRESS						
CITY - ST - ZIP	<u> </u>						5.	4 CITY-S	ST- ZI	IP				. <u></u>		
TIFLE						DELETE	6.	1 TITLE	_		_			Change	Addition Addition	
NAME	)						6.	2 NAME		)						
STREE1 ADDRESS	ł						6.	3 STAEE1	TADD	DRESS						

14. I do 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 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 chapged, or on an attachment with an address.

NING OFFICER OR DIRECTOR DATE DESCRIPTION DATE DESCRIPTION DESCRIP

**FILED** 

Mar 28 1997 8:00am

Secretary of State