


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90246 035 ****61.25

DOCUMENT # N00000004136 1. Entity Name HILLSBORO PINES CIVIC ASSOCIATION, INC.					
Principal Place of Business C/O MELISSA MCGAUGHEY 4830 N.W. 74TH PLACE POMPAÑO BEACH, FL 33073				Mailing Address C/O MELISSA MCGAUGHEY 4830 N.W. 74TH PLACE POMPAÑO BEACH, FL 33073	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 5000 NW 77 Court		Suite, Apt. #, etc. 5000 NW 77 Court			
City & State Pompano Beach FLA		City & State Pompano Beach FLA			
Zip 33073		Country USA		Zip 33073	
Country USA		Country USA			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCGAUGHEY, MELISSA 4830 N.W. 74TH PLACE POMPAÑO BEACH, FL 33073				Name McGaughey, Melissa	
				Street Address (P.O. Box Number is Not Acceptable) 5000 NW 77 Court	
				City Pompano Beach FL	
				Zip Code 33073	
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 <i>Melissa McGaughey</i> <i>Melissa Ann McGaughey</i> 4-13-04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, MICHELE 7550 N.W. 49 LANE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, JACK 5180 NW 77 CT. POMPAÑO BEACH, FL 33073 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENEDICT, TERRI 5013 NW 77 CT POMPAÑO BEACH, FL 33073 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKINNEY, THERESA 5410 N.W. 76 PLACE POMPAÑO BEACH, FL 33073 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYLE, STEVE 5421 NW 77 CT POMPAÑO BEACH, FL 33073 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, KELLI 5410 NW 74 PL POMPAÑO BEACH, FL 33073 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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: Michelle Hayes <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-21-04 9544250445 <small>Date Daytime Phone #</small>	