2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004136

FILED Apr 26, 2006 Secretary of State

Entity Name: HILLSBORO PINES CIVIC ASSOCIATION, INC.

Current Pi	rincipal Place of Business:	New Principal Place of Business:
5000 NW 7 POMPANC	77 CT . D BEACH, FL 33073	New Mailing Address: 5001 NW 76 PL. POMPANO BEACH, FL 33073 EI Number Not Applicable () Certificate of Status Desired (X) ceive the prior notice. Name and Address of New Registered Agent:
Current M	ailing Address:	New Mailing Address:
5000 NW 7 POMPANC	77 CT . D BEACH, FL 33073	
In accordanc	65-1033677 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did not	receive the prior notice.
	Address of Current Registered Agent:	Name and Address of New Registered Agent:
5000 NW 7	HEY, MELISSA 77 CT. D BEACH, FL 33073 US	
	named entity submits this statement for the pue of Florida.	urpose of changing its registered office or registered agent, or both
SIGNATUF	RE: MELISSA MCGAUGHEY	
	Electronic Signature of Registered Ager	nt Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	P () Delete HAYES, MICHELE 7550 N.W. 49 LANE COCONUT CREEK, FL 33073	Name: Address:
Title: Name: Address: City-St-Zip:	VP () Delete MILLER, JACK 5180 NW 77 CT. POMPANO BEACH, FL 33073	Name: Address:
Title: Name: Address: City-St-Zip:	T () Delete BENEDICT, TERRI 5013 NW 77 CT POMPANO BEACH, FL 33073	Name: VANDEREEDT, PAMELA Address: 5001 NW 76TH PLACE
Title: Name: Address: City-St-Zip:	S () Delete MCKINNEY, THERESA 5410 N.W. 76 PLACE POMPANO BEACH, FL 33073	Name: Address:
Title: Name: Address: City-St-Zip:	D () Delete GAYLE, STEVE 5421 NW 77 CT POMPANO BEACH, FL 33073	Name: Address:
Title: Name: Address: City-St-Zip:	D () Delete OLIVER, KELLI 5410 NW 74 PL POMPANO BEACH, FL 33073	Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA VANDEREEDT T 04/26/2006