

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N45240 (1)**  
 1. Corporation Name  
**HILLSBORO PINES GOLF CLUB, INC.**



Principal Place of Business <b>2410 CENTURY BLVD DEERFIELD BEACH FL 33442 US</b>	Mailing Address <b>2410 CENTURY BLVD DEERFIELD BEACH FL 33442 US</b>
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3. Date Incorporated or Qualified <b>09/20/1991</b>
4. FEI Number <b>65-0291845</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURR, ROBERT  
301 YAMATO ROAD  
SUITE 4150  
BOCA RATON FL 33431**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P D</b> <input type="checkbox"/> DELETE
NAME	<b>POPELSKY, MARTIN M</b>
STREET ADDRESS	<b>RICHMOND C 218</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>T D</b> <input type="checkbox"/> DELETE
NAME	<b>SILVERMAN, NATHAN</b>
STREET ADDRESS	<b>CAMBRIDGE D 4022</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEIN, REVA</b>
STREET ADDRESS	<b>NEWPORT U 1115</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LATZER, SAMUEL</b>
STREET ADDRESS	<b>PRESCOTT M 253</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FERRERO, EUGENE</b>
STREET ADDRESS	<b>LYNDHURST N 3085</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>SOBEL, DAVID A</b>
STREET ADDRESS	<b>LYNDHURST H-3048</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BENJAMIN KERNOFF</b>
1.3 STREET ADDRESS	<b>178 TILFORD I</b>
1.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HERMAN FISHMAN</b>
2.3 STREET ADDRESS	<b>CAMBRIDGE B-3029</b>
2.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>NATHAN POPELSKY</b>
3.3 STREET ADDRESS	<b>RICHMOND C-321</b>
3.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address.

SIGNATURE:

*David Sobel*

DAVID SOBEL

1/17/98

CP2E037 (10/97)