

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059854

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: HILLSBORO GOLF MANAGEMENT ASSOCIATES, INC.

## Current Principal Place of Business:

10709 INDIAN TRAIL  
COOPER CITY, FL 33328 US

## New Principal Place of Business:

12401 ORANGE DRIVE  
SUITE 210  
DAVIE, FL 33330 US

## Current Mailing Address:

10709 INDIAN TRAIL  
COOPER CITY, FL 33328 US

## New Mailing Address:

12401 ORANGE DRIVE  
SUITE 210  
DAVIE, FL 33330 US

FEI Number: 20-4770985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BRODY, JONATHAN E  
2850 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BAST, RANDALL  
Address: 12401 ORANGE DR STE 210  
City-St-Zip: DAVIE, FL 33330 US

Title: VD ( ) Delete  
Name: RUSSEY, CRAIG  
Address: 12401 ORANGE DR STE 210  
City-St-Zip: DAVIE, FL 33330 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO ( ) Change (X) Addition  
Name: MANSELL, SHERRI  
Address: 12401 ORANGE DRIVE, STE 210  
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI MANSELL

CFO

04/27/2007

Electronic Signature of Signing Officer or Director

Date