

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15273

Entity Name: POMPANO BEACH HIGHLANDS CIVIC IMPROVEMENT ASSOCIATION, INC.**Current Principal Place of Business:**1650 NE 50 CT.
POMPANO BEACH, FL 33064**Current Mailing Address:**POST OFFICE BOX 5788
LIGHTHOUSE POINT, FL 33074 US**FEI Number: 46-5724060****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANKO, MARIANNE
1830 NE 42 ST
POMPANO BEACH, FL 33064 US*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**Officer/Director Detail :**

Title	T
Name	MANKO, MARIANNE
Address	1830 NE 42ND STREET
City-State-Zip:	POMPANO BEACH FL 33064

Title	PRESIDENT
Name	HENNEN, TODD
Address	1798 NE 49TH CT
City-State-Zip:	POMPANO BEACH FL 33064

Title	BM
Name	MANKO, ROBERT
Address	1830 NE 42 ST
City-State-Zip:	POMPANO BEACH FL 33064

Title	BOARD MEMBER
Name	BOYD, EVA
Address	1300 NE 41 CT
City-State-Zip:	POMPANO BEACH FL 33064

Title	VP
Name	SYREK, WALTER
Address	1311 NE 43RD CT
City-State-Zip:	POMPANO BEACH FL 33064

Title	BM
Name	TORREY, DONNA
Address	4570 NE 15TH AVE
City-State-Zip:	POMPANO BEACH FL 33064

Title	SECRETARY
Name	PAVILLARD, HOWARD
Address	1530 NE 44 ST
City-State-Zip:	POMPANO BEACH FL 33064

I hereby 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 all other like empowered.

SIGNATURE: MARIANNE MANKO**TREASURER****03/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date