2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 190420

Entity Name: HILLSBORO MILE OCEAN APARTMENTS, INC.

FILED Mar 22, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
	BORO MILE O BEACH, FL	33062							
Current Mailing Address:					New Mailing Address:				
CORPORA	BORO MILE TE BOX D BEACH, FL	33062							
FEI Number:	59-0802461	FEI Numb	er Applied For()	FEI Nun	nber Not Appli	cable ()	Certifica	ate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
ROBERT KAYE & ASSOCIATES, P.A. 6261 N.W. 6TH WAY, STE. 103 FORT LAUDERDALE, FL 33399 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				
Election Campaign Financing Trust Fund Contribution ().									
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () E LEE, CLAIRE R M 1045 HILLSBORG HILLSBORG BEA	O MILE #16			Title: Name: Address: City-St-Zip:		(X) Change BERT BORO MILE: BEACH, FL	#9A	
Title: Name: Address: City-St-Zip:	S ()E RICCIARDI, FRA 1045 HILLSBOR HILLSBORO BEA	O MILE #17.			Title: Name: Address: City-St-Zip:		(X) Change ENDA BORO MILE :) BEACH, FL	#12B	
Title: Name: Address: City-St-Zip:	T () E PATRICIA, WALE 1045 HILLSBORG HILLSBORG BEA	O MILE, #1			Title: Name: Address: City-St-Zip:		(X) Change ATRICIA BORO MILE,) BEACH, FL	#11B	
Title: Name: Address: City-St-Zip:	V () E VAN HUIS, OLIVE 1045 HILLSBOR HILLSBORO BEA	O MILE APT			Title: Name: Address: City-St-Zip:		(X) Change FRANK BORO MILE) BEACH, FL	` ^ APT #17B	
Title: Name: Address: City-St-Zip:	V ()ETINKHAM, DALE 1045 HILLSBORO BEA	O MILE APT			Title: Name: Address: City-St-Zip:		(X) Change PAMELA BORO MILE BEACH, FL	APT #1A	

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: PATRICIA WALDEN T 03/22/2009