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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716056**

1. Corporation Name
Hillsboro LeBaron Condominium Apartments, Inc.

Principal Place of Business Mailing Address
**1051 Hillsboro Mile
Hillsboro Beach, FL, 33062**

3. Date Incorporated or Qualified

4. FEI Number **59-1274772** Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country

24 Zip 25 Country 29 **33062** 30 **BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEN KOPPENMOEFER
1051 Hillsboro Mile 508E
Hillsboro Bch., FL 33062**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 **P** ☐ DELETE
NAME **JEAN LANDIE**
STREET ADDRESS **1050 Hillsboro Mile**
CITY-ST-ZIP **Hillsboro Bch., FL 33062**

TITLE **V.P.** ☐ DELETE
NAME **RICHARD MESNICK**
STREET ADDRESS **1051 Hillsboro Mile**
CITY-ST-ZIP **Hillsboro Bch FL 33062**

TITLE **T** ☐ DELETE
NAME **ANDREW GLYNN**
STREET ADDRESS **1050 Hillsboro Mile**
CITY-ST-ZIP **Hillsboro Bch FL 33062**

TITLE **D** ☐ DELETE
NAME **JOSEPH BROWN**
STREET ADDRESS **1050 Hillsboro Mile**
CITY-ST-ZIP **Hillsboro Bch., FL 33062**

TITLE **D** ☐ DELETE
NAME **KEN KOPPENMOEFER**
STREET ADDRESS **1051 Hillsboro Mile**
CITY-ST-ZIP **Hillsboro Bch., FL 33062**

TITLE **D** ☐ DELETE
NAME **DICK BERGMAN**
STREET ADDRESS **1051 Hillsboro Mile**
CITY-ST-ZIP **Hillsboro Bch FL 33062**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/98 **954 942 2334**
Date Daytime Phone #

CR2E037 (10/97)

HILLSBORO LE BARON DOC # 716056

Sec 12 ADDITION

D SUSAN BARRA

1050 HILLSBORO M.E

HILLSBORO Bch, FL 33062