FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716056

1. Corporation Name

HILLSBORO LE BARON CONDOMINIUM APARTMENTS, INC.

Principal Place of Business 1051 HILLSBORO MILE POMPANO BCH. FL 33062 Mailing Address

1051 HILLSBORO MILE POMPANO BCH. FL 33062

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90007 035 ****61.25



2. P	rincipal Pi	lace of Business		2a. Mailing Address						3. Date Incorporated or Qualifed 02/14/1969						
	uite, Apt.	#, etc.		Suite, Apt. #,	etc.			-		4. FEI Number	-			Арр	lied For	
22			27							59-1274772				Not	Applicable	
	city & Stat	و ما المعارض المنظم الم		City & State				Minus .		E Continue de Combre I			\$8.	75 Ac	Iditional	
23	,	•	28							5. Certificate of Status I	Desired . [Fe	ee Req	uired	
	ip.	Country		Zip		Co	untry			6. Election Campaign F	inancing ,		\$5	.00 A	lay Be	
24		25	29		ſ	30				Trust Fund Contribut	-	J		ided to		
271		9. Name and Address of Currer		stered Agent		 	- F			10. Name and Address	of New Reg	istered /	Agent			
	-						81	Name								
V		OFFEED VEN						0>=-1.0		- (D.O. Bay Number in N	et Acceptable	2				
KOPPENHOEFFER, KEN						82 Street Add			Address	ddress (P.O. Box Number is Not Acceptable)						
1051 HILLSBORO MILE #508E							83									
Н	ITTZROH	IO BEACH FL 33062					•									
		• • •		•			84	City				FL	85	Zip Co	ode	
							Ш	L					- Landi		ngistored	
	office or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Hon	ida. Such chan	ge was at	ıtnonze	эа ру	tne corpo	corpora oration's	ation submits this statements board of directors. I he	ent for the pureby accept t	he appoi	ntment	as reg	istered	
SIG	NATURE	Signature, typed or printed name of registered age	at and title	if applicable	/NOTE:	Register	ed Agen	t signature re	equired wt	hen reinstating)		DATE				
12.		OFFICERS AN			(NOTE:	13				ADDITIONS/CHANGE	S TO OFFIC	ERS AN	D DIR	ECTOR	RS IN 12	
TITLE		VP OFFICERS AF	U DIN		LETE	_	TITLE	- I-	TI				☐ Ch		Addition	
		l ** ·					NAME].			• •	:1	_	•		
NAME		MESNICK, RICHARD							0	or Hillsboro	mile	T Zo	1			
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NAME	i	BARRA, SUSAN				2.2	NAME									
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NAME		LANOIE, JEAN				3.2	NAME									
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NAME		BROWN, JOSEPH				1	NAME		6a	TION SECTION	a Mil	e_8t	74			
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14. Thereby 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

994)946 - 1880 Davizine Phone #