

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726005 (2)**  
 1. Corporation Name  
**HILLSBORO LANDINGS ONE ASSOCIATION, INC.**



Principal Place of Business <b>1631 RIVERVIEW RD. DEERFIELD BEACH FL 33441</b>	Mailing Address <b>1215 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441</b>
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3. Date Incorporated or Qualified <b>04/05/1973</b>
4. FEI Number <b>59-1496625</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**CAMPBELL PROPERTY MANAGEMENT  
 1215 E. HILLSBORO BLVD.  
 DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	REICHERT, CHET	
STREET ADDRESS	1631 RIVERVIEW DR.	
CITY-ST-ZIP	DEERFIELD BCH, FL <del>00000</del> 33441	
TITLE	R	<input type="checkbox"/> DELETE
NAME	FERGUSON, ROBERT	
STREET ADDRESS	1631 RIVERVIEW RD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRAUB, JAMES	
STREET ADDRESS	1631 RIVERVIEW RD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BLMER MUELHAUSER	
STREET ADDRESS	1631 RIVERVIEW DR	
CITY-ST-ZIP	DEERFIELD BCH, FL 33441	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARY BRAUTIGAM	
STREET ADDRESS	1631 RIVERVIEW DR	
CITY-ST-ZIP	DEERFIELD BCH, FL 33441	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CHARLES BASS
6.3 STREET ADDRESS	1631 RIVERVIEW DR
6.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33441

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Mary L. Brautigam* 4/27/98 (934) 427-8770

CR2E037 (10/97)