

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90065 050 ****61.25

DOCUMENT # 726005

1. Entity Name

HILLSBORO LANDINGS ONE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1631 RIVERVIEW RD.
 DEERFIELD BEACH FL 33441

1215 E HILLSBORO BLVD.
 DEERFIELD BEACH FL 33441-4203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1496625

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL PROPERTY MANAGEMENT
1215 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

Name

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

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	REICHERT, CHESTER K	
STREET ADDRESS	1631 RIVERVIEW DR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FERGUSON, ROBERT	
STREET ADDRESS	1631 RIVERVIEW RD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUCMASER, RICHARD	
STREET ADDRESS	1631 RIVERVIEW RD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAUTIGAN, MARY	
STREET ADDRESS	1631 RIVERVIEW DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chester K Reichert **VP** **954-**
3/27/10 **427-8720**

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE