

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600001481328  
-03/09/95--01113--004  
\*\*\*130.00 SPACE\*\*130.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732149 (0)

1. Corporation Name  
**HILLSBORO LANDINGS CONDOMINIUM ASSOCIATION NO. T WO, INC.**

Principal Place of Business Mailing Address

1233 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441

1233 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified 03/13/1975 3e. Date of Last Report 03/17/1994

4. FEI Number 59-1688341 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has authority for interstate tax under S. 199.032, Florida Statutes  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 County 28 Zip County

24 Zip County 29 Zip County 30 Zip County

9. Name and Address of Current Registered Agent

CAMPBELL PROPERTY MGMT.  
1233 E. HILLSBORO BLVD.  
DEERFIELD BCH 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<i>Treas</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, BOB	12 NAME	<i>Same</i>
STREET ADDRESS	1629 RIVERVIEW RD.	13 STREET ADDRESS	<i>Same</i>
CITY ST ZIP	DEERFIELD BEACH FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	<i>Pres</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITNER, MILDRED	22 NAME	<i>Same</i>
STREET ADDRESS	1629 RIVERVIEW RD.	23 STREET ADDRESS	<i>Same</i>
CITY ST ZIP	DEERFIELD BCH, FL 00000	24 CITY ST ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUME, R E	32 NAME	<i>Retired</i>
STREET ADDRESS	1627 RIVERVIEW ROAD	33 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL 33441	34 CITY ST ZIP	
TITLE	RS	41 TITLE	<i>VP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, GRACE	42 NAME	<i>A. HAYDEN</i>
STREET ADDRESS	1629 RIVERVIEW RD.	43 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BCH, FL 00000	44 CITY ST ZIP	
TITLE	D	51 TITLE	<i>J. SPILLER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JAMES	52 NAME	<i>Same</i>
STREET ADDRESS	1629 RIVERVIEW RD.	53 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BCH. FL	54 CITY ST ZIP	
TITLE	PT	61 TITLE	<i>2.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMEONE, ANDREW	62 NAME	<i>Same</i>
STREET ADDRESS	1629 RIVERVIEW RD.	63 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BCH. FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR