


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 732149
1. Corporation Name
HILLSBORO LANDINGS CONDOMINIUM ASSOCIATION NO. TWO, INC

Principal Place of Business Mailing Address
1629 RIVERVIEW RD
DEERFIELD BEACH, FL 3344

2. Principal Place of Business 26. Mailing Address
21 26 1215 E. HILLSBORO BLVD
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 DEERFIELD BEACH, FL.
24 Zip 25 Country 29 33441 30 BROWARD

3. Date Incorporated or Qualified 1975 3a. Date of Last Report 1994
4. FEI Number 59-0469712 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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	PRES	<input type="checkbox"/> DELETE
NAME	MICHAEL FACCHIANO	
STREET ADDRESS	1629 RIVERVIEW RD # 709	
CITY-ST-ZIP	DEERFIELD Bch, FL 33441	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ANDREW SIMONS	
STREET ADDRESS	1629 RIVERVIEW RD # 719	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	Vice Pres	<input type="checkbox"/> DELETE
NAME	Bernice Alberti	
STREET ADDRESS	1629 Riverview Rd #518	
CITY-ST-ZIP	Deerfield Bch FL 33441	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	PATRICIA A. SINGER	
STREET ADDRESS	1629 RIVERVIEW RD APT 716	
CITY-ST-ZIP	DEERFIELD Bch, FL 33441	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ALLEN G. HAYDEN	
STREET ADDRESS	106-62 OCEAN PALM WAY	
CITY-ST-ZIP	Deerfield Bch FL 33437	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	LAURENCE D. PALMISANO	
STREET ADDRESS	1629 RIVERVIEW RD	
CITY-ST-ZIP	DEERFIELD Bch 33441	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL LEITNER	
1.3 STREET ADDRESS	1629 RIVERVIEW RD #521	
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400002211114	
5.3 STREET ADDRESS	-06/13/97--01011--024	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: Laurence D. Palmisano 4-18-97 954-3609839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)