


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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732149 (0)**

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

Principal Place of Business <b>1629 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  
**03/13/1975**

4. FEI Number <b>59-0669712</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**CAMPBELL PROPERTY MGMT.  
 1215 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. City
84. City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FACCHIANO, MICHAEL</b>	1.2 NAME	<b>RONALD GOODING</b>
STREET ADDRESS	<b>1629 RIVERVIEW RD. #709</b>	1.3 STREET ADDRESS	<b>1629 RIVERVIEW ROAD #412</b>
CITY-ST-ZIP	<b>DEERFIELD BCH FL 33441</b>	1.4 CITY-ST-ZIP	<b>DEERFIELD BCH, FL 33441</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIMONE, ANDREW</b>	2.2 NAME	<b>DONALD COBB</b>
STREET ADDRESS	<b>1629 RIVERVIEW RD. #719</b>	2.3 STREET ADDRESS	<b>1629 RIVERVIEW RD # 119</b>
CITY-ST-ZIP	<b>DEERFIELD BCH FL 33441</b>	2.4 CITY-ST-ZIP	<b>DEERFIELD BCH, FL 33441</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>ALBERTI, BERNICE</del>	3.2 NAME	<b>JAMES POOTER</b>
STREET ADDRESS	<del>1629 RIVERVIEW ROAD #510-</del>	3.3 STREET ADDRESS	<b>1629 RIVERVIEW ROAD #409</b>
CITY-ST-ZIP	<del>DEERFIELD BEACH FL 33441</del>	3.4 CITY-ST-ZIP	<b>DEERFIELD BCH, FL 33441</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGER, PATRICIA A</b>	4.2 NAME	<b>SINGER, PATRICIA A</b>
STREET ADDRESS	<b>1629 RIVERVIEW RD.</b>	4.3 STREET ADDRESS	<b>1629 RIVERVIEW ROAD</b>
CITY-ST-ZIP	<b>DEERFIELD BCH FL 33441</b>	4.4 CITY-ST-ZIP	<b>DEERFIELD BCH, FL 33441</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HAYDEN, ALLEN G</del>	5.2 NAME	
STREET ADDRESS	<del>100-62 OCEAN PALM WAY</del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>BOYNTON BEACH FL 33437</del>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEITNER, MILDRED</b>	6.2 NAME	
STREET ADDRESS	<b>1629 RIVERVIEW RD. #521</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH. FL 33441</b>	6.4 CITY-ST-ZIP	

14. 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 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: *Patricia A. Singer* **REQUIRED** 4-21-98 954-427-8770

CFR2037 (10/97)