


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90072 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732149**

1. Corporation Name

**HILLSBORO LANDINGS CONDOMINIUM ASSOCIATION NO. T  
 WO, INC.**

Principal Place of Business  
 1629 RIVERVIEW RD  
 DEERFIELD BEACH FL 33441

Mailing Address  
 1215 E. HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/13/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0669712	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
30				\$5.00 May Be Added to Fees	

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	
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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODING, RONALD			1.2 NAME	PASCAR, Sheila		
STREET ADDRESS	1629 RIVERVIEW RD. #412			1.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BH FL 33441			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMONE, ANDREW			2.2 NAME	ROSSMAN, STEVE		
STREET ADDRESS	1629 RIVERVIEW RD. #719			2.3 STREET ADDRESS	Steve Rossman		
CITY-ST-ZIP	DEERFIELD BCH FL 33441			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COBB, DONALD			3.2 NAME	COBB, DONALD SACCO, RON		
STREET ADDRESS	1629 RIVERVIEW ROAD #119			3.3 STREET ADDRESS	Ronald Cobb		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINGER, PATRICIA A			4.2 NAME	Singer, Patricia A.		
STREET ADDRESS	1629 RIVERVIEW RD.			4.3 STREET ADDRESS	Patricia A. Singer		
CITY-ST-ZIP	DEERFIELD BCH FL 33441			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PORTER, JAMES			5.2 NAME	PORTER, James		
STREET ADDRESS	1629 RIVERVIEW RD., #409			5.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEITNER, MILDRED			6.2 NAME	GRAETHNER, RALPH		
STREET ADDRESS	1629 RIVERVIEW RD. #521			6.3 STREET ADDRESS	Ralph Leitner		
CITY-ST-ZIP	DEERFIELD BCH. FL 33441			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 19.07(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, with all other like empowered.

SIGNATURE:

*[Signature]* **REQUIRED**

4-14-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jaytime Phone #

CR2E037 (1/98)