

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732149

1. Entity Name

HILLSBORO LANDINGS CONDOMINIUM ASSOCIATION NO. T

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

05-08-2000 90063 042 ****61.25

Principal Place of Business

1629 RIVERVIEW RD
 DEERFIELD BEACH FL 33441

Mailing Address

1215 E. HILLSBORO BLVD
 DEERFIELD BEACH FL 33441-4203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0669712

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 MGMT.
 1215 E. HILLSBORO BLVD
 DEERFIELD BCH 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	P	<input type="checkbox"/> Delete
NAME	PASCAR, SHELIA	
STREET ADDRESS	1629 RIVERVIEW RD. #412	
CITY-ST-ZIP	DEERFIELD BH FL 33441	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSSMAN, STEVE.	
STREET ADDRESS	1629 RIVERVIEW RD. #719	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	VT	<input type="checkbox"/> Delete
NAME	COBB, DONALD	
STREET ADDRESS	1629 RIVERVIEW ROAD #119	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINGER, PATRICIA A	
STREET ADDRESS	1629 RIVERVIEW RD.	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PORTER, JAMES	
STREET ADDRESS	1629 RIVERVIEW RD., #409	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAETTINGER, RALPH	
STREET ADDRESS	1629 RIVERVIEW RD. #521	
CITY-ST-ZIP	DEERFIELD BCH. FL 33441	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAKATOS, FRAN	
STREET ADDRESS	1627 RIVERVIEW RD	
CITY-ST-ZIP	DEERFIELD BCH, FL 33441	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGER, WALLY	
STREET ADDRESS	1629 RIVERVIEW RD	
CITY-ST-ZIP	DEERFIELD BCH, FL 33441	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, MARILYN	
STREET ADDRESS	1627 RIVERVIEW RD # 715	
CITY-ST-ZIP	DEERFIELD BCH, FL 33441	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 954-427-8770

CR2E037 (9/99)