


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90157 005 \*\*\*\*61.25

<b>DOCUMENT # 732149</b>					
1. Entity Name <b>HILLSBORO LANDINGS CONDOMINIUM ASSOCIATION NO. TWO, INC.</b>					
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>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0669712</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CAMPBELL PROPERTY MGMT. 1215 E. HILLSBORO BLVD DEERFIELD BCH FL 33441</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCAR, SHELIA		NAME		
STREET ADDRESS	1629 RIVERVIEW RD. #412		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BH FL 33441		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DSIDA, JOSEPH		NAME		
STREET ADDRESS	1629 RIVERVIEW RD. #721		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL 33441		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, DONALD		NAME		
STREET ADDRESS	1629 RIVERVIEW ROAD #119		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKIN, JANE		NAME		
STREET ADDRESS	1629 RIVER VIEW RD #417		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHER, SANFORD		NAME	SWEENEY, ROBERT	
STREET ADDRESS	1627 RIVERVIEW RD #315		STREET ADDRESS	1629 RIVERVIEW ROAD #518	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, JACK		NAME		
STREET ADDRESS	1627 RIVER VIEW ROAD		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
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: <i>Shelia Pascas</i> <b>Shelia PASCAR</b>			Date: <b>4-15-05</b> 154 264 4404		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		