


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 732149			
1. Entity Name HILLSBORO LANDINGS CONDOMINIUM ASSOCIATION NO. TWO, 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CAMPBELL PROPERTY MGMT. 1215 E. HILLSBORO BLVD DEERFIELD BCH FL 33441		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



1st MOORE CR2E037 (10/05)

4. FEI Number **59-0688341** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____
Signature typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25 Due By May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

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"/> Add
NAME	PASCAR, SHELIA			NAME			
STREET ADDRESS	1629 RIVERVIEW RD. #412			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL 33441			CITY-ST-ZIP	U00000508531 04/28/06-80008-014 61.25		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
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"/> Add
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"/> Add
NAME	HASKIN, JANE			NAME			
STREET ADDRESS	1629 RIVER VIEW RD #417			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SWEENEY, ROBERT			NAME			
STREET ADDRESS	1629 RIVERVIEW RD, #518			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
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 exemptions contained in Section 119, 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: SHELIA PASCAR 4-7-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #