


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90184 042 ****61.25

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-0688341		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.		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 _____		SIGNATURE _____	
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when re-registering)</small>	



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME PASCAR, SHELIA STREET ADDRESS 1629 RIVERVIEW RD. #412 CITY ST ZIP DEERFIELD BH FL 33441	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	NAME DSIDA, JOSEPH STREET ADDRESS 1629 RIVERVIEW RD. #721 CITY ST ZIP DEERFIELD BCH FL 33441	TITLE <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD	NAME COBB, DONALD STREET ADDRESS 1629 RIVERVIEW ROAD #119 CITY ST ZIP DEERFIELD BEACH FL 33441	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	NAME HASKIN, JANE STREET ADDRESS 1629 RIVER VIEW RD #417 CITY ST ZIP DEERFIELD BEACH FL 33441	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME SWEENEY, ROBERT STREET ADDRESS 1629 RIVERVIEW RD, #518 CITY ST ZIP DEERFIELD BEACH FL 33441	TITLE <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME FERGUSON, JACK STREET ADDRESS 1627 RIVER VIEW ROAD CITY ST ZIP DEERFIELD BEACH FL 33441	TITLE <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME DURYEA, ALAN STREET ADDRESS TD-1627 RIVERVIEW RD-814 CITY ST ZIP DEERFIELD BEACH, FL 33441	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME DEERING, JACK STREET ADDRESS 1629 RIVERVIEW RD CITY ST ZIP DEERFIELD BEACH, FL 33441	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME RUGGIERO, JOE STREET ADDRESS 1629 RIVERVIEW RD-220 CITY ST ZIP DEERFIELD BEACH, FL 33441	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  3/27/07 954-427-8770