1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 742587**

1. Corporation Name

HILLSBORO BEACH & YACHT VILLAS, INC.

Principal Place of Business	
1194 HILLSBORO MILE SAST SIDE	
HILLSBORO BEACH FL 33062	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

1194 HILLSBORO MILE EAST SIDE HILLSBORO BEACH FL 33062

2a. Mailing Address

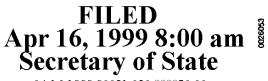
City & State

Suite, Apt. #, etc.

US

26

28



04-16-1999 90021 020 \*\*\*\*70.00

	1 1300 1 <b>33</b> 1 <b>333</b> 0 <b>343</b> 0	DHOM CHEM DHOM BION 1201

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/27/1978

59-1817738=

4. FEI Number

Zip	Country		Country		6. Election Campaign	- 11	\$5.00		
24	25	29 30	<u></u>		Trust Fund Contribu	ıtion	Added to	Fees	
9. Name and Address of Current Registered Agent					10. Name and Addres	s of New Registered	Agent		
			81	Name					
FERRARA,	ANGELO		82	Street A	Address (P.O. Box Number is N	Not Acceptable)			
	SBORO MILE		"	0,000	to the first service of the service			<u> </u>	
EASTSIDE			83					.,	
	O BEACH FL 33062		-	00			85 Zip C	ode	
I	,		84	City		· Fl	_  85   210 0		
11: Pursuant	to the provisions of Sections 617:0502 a	and 617.1508. Florida Statutes,	the above	e-named o	corporation submits this statem	ent for the purpose o	f changing its	registered	
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 callestions of, Section 617.0503, Florida Statutes.									
i agent. i a	m ramitiar with, and accept the databation	ns of, Section 617.0505, Fibrida	Ons	ا داد			MALOR	a l	
SIGNATURE	Signatule, typed or printed name of registered agent as	nd title if applicable. (NOTE: Re			Terrorc (4	DATE	7/47		
12.	OFFICERS AND		13.			ES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	D	☐ DELETE	1,1 TITLE		SIT		☐ Change	X Addition	
NAME	GALLO, BOB		1.2 NAME		Leary norm	na_		Ì	
STREET ADDRESS	1194 HILLSBORO MILE (EAST SIL	DE)	1.3 STREET	ADDRESS	1194 Hill bow M	ule			
CITY-ST-ZIP	HILLSBORO BCH, FL 00000 3306	•	1.4 CITY-ST		Hillshoro Bch.	F1. 3306	2		
TITLE	P	DELETE .	2.1 TITLE		17 1113/2010 1- 002	7	Change	Addition	
NAME	FERRARA, SONNY , ANER!	ન	2.2 NAME	ļ				į.	
STREET ADDRESS	1194 HILLSBORO MILE		2.3 STREET	ADDRESS					
[	HILLSBOROUGH BEACH FL		2. 4 CITY-S		Hillsboro				
CITY-ST-ZIP	D	DELETE	3.1 TITLE	1-21			Change	Addition	
NAME	GRAHAM, JOHN		3.2 NAME						
	1194 HILLSBORO MILE (EAST SI	חבי <i>ו</i>	3.3 STREET	ADDDESS				i	
STREET ADDRESS	HILLSOBORO BCH. FL	)C)	l i					. [	
CITY-ST-ZIP	VP	DELETE	3.4. CITY-S 4.1 TITLE	1-ZIP			Change	Addition	
TITLE	, ···		•	Ì					
NAME	SPINA, GASPAR		4. 2 NAME						
STREET ADDRESS	1194 HILLSBORO MILE		4.3 STREET	1	Hillsboro				
CITY-ST-ZIP	HILLSBOROUGH BEACH FL 3306	Z DELETE	4.4 CITY-S	1-ZIP	TICHOPOIG	<u> </u>	Change	Addition	
TITLE	SD DANIDENIE	DELETE	5.1 TITLE 5.2 NAME				ு வள்கு		
NAME	ANDY DANDENEAU			ADDDCCC					
STREET ADDRESS			5.3 STREET					ŀ	
CITY-ST-ZIP	HILLSBOROUGH BEACH FL	□ pereze	5.4 CITY-ST	1-ZIP		<del>.`</del> -	☐ Change	Addition	
ΠΙLE	·	☐ DELETE						i⊓ varinori )	
NAME		•	6.2 NAME			•		İ	
STREET ADDRESS	, ,		6.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP	<b>,</b> ,		6.4 CITY-S	T-ZIP					

Fig. 1 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 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

INAMENTAL STATES UNINFORMAL LONG HAND THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/X/99 95Y YJ7963Y
Daytime Phone #

i ,

Applied For

\$8.75 Additional

Fee Required

Not Applicable

F037 (11/98)