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**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

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

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742587**

1. Corporation Name

**HILLSBORO BEACH & YACHT VILLAS, INC.**

Principal Place of Business

1194 HILLSBORO MILE  
 EAST SIDE  
 HILLSBORO BEACH FL 33062  
 US

Mailing Address

1194 HILLSBORO MILE  
 EAST SIDE  
 HILLSBORO BEACH FL 33062  
 US



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	04/27/1978
22 City & State		27 City & State	4. FEI Number
23 Zip		28 Zip	59-1817738
24 Country		29 Country	30
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**FERRARA, ANGELO**  
 1194 HILLSBORO MILE  
 EASTSIDE  
 HILLSBORO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Angelo Ferrara*  
 Signature, typed or printed name of registered agent and title if applicable.

*Angelo Ferrara Pres.*  
 (NOTE: Registered Agent signature required when reinstating)

DATE *4/14/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLO, BOB	1.2 NAME	<i>S/T Leary, Norma</i>
STREET ADDRESS	1194 HILLSBORO MILE (EAST SIDE)	1.3 STREET ADDRESS	<i>1194 Hillsboro Mile</i>
CITY-ST-ZIP	HILLSBORO BCH, FL 00000 33062	1.4 CITY-ST-ZIP	<i>Hillsboro Bch, FL 33062</i>
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARA, SONNY, <i>Angel</i>	2.2 NAME	
STREET ADDRESS	1194 HILLSBORO MILE	2.3 STREET ADDRESS	<i>Hillsboro</i>
CITY-ST-ZIP	HILLSBOROUGH BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, JOHN	3.2 NAME	
STREET ADDRESS	1194 HILLSBORO MILE (EAST SIDE)	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH. FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINA, GASPAR	4.2 NAME	
STREET ADDRESS	1194 HILLSBORO MILE	4.3 STREET ADDRESS	<i>Hillsboro</i>
CITY-ST-ZIP	HILLSBOROUGH BEACH FL 33062	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDY DANDENEAU	5.2 NAME	
STREET ADDRESS	1194 HILLSBORO MILE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBOROUGH BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

*Norma Leary*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Norma Leary*

DATE *4/14/99* DAYTIME PHONE # *954.427.9634*

CR2E037 (11/98)