

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90044 023 \*\*\*\*61.25

**DOCUMENT # 742587**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1817738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRARA, ANGELO  
1194 HILLSBORO MILE  
EASTSIDE  
HILLSBORO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GALLO, BOB	
STREET ADDRESS	1194 HILLSBORO MILE (EAST SIDE)	
CITY-ST-ZIP	HILLSBORO BCH FL 33062	
TITLE	P	<input type="checkbox"/> Delete
NAME	FERRARA, SONNY	
STREET ADDRESS	1194 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPINA, GASPAR	
STREET ADDRESS	1194 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH FL 33062	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEARY, NORMA	
STREET ADDRESS	164 HILLSBORO NULE	
CITY-ST-ZIP	HILLSBORO BCH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAROLD, BROOKS	
STREET ADDRESS	1194 HILLSBOW MILE	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1194 Hillsboro mile #14	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Rick	
STREET ADDRESS	1194 Hillsboro mile #17	
CITY-ST-ZIP	Hillsb. Bch, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelo Ferrara 3/6/04 954

Date

Daytime Phone #