



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90071 032 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02152005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1817738	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FERRARA, ANGELO 1194 HILLSBORO MILE EASTSIDE HILLSBORO BEACH, FL 33062			7. Name and Address of New Registered Agent Name Robert Gallo Street Address (P.O. Box Number is Not Acceptable) 1194 Hillsboromile East Side Association City Hillsboro Beach FL Zip Code 33062		
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 <u><i>Robert J Gallo</i></u> Robert Gallo, President DATE <u>2/15/05</u>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLO, BOB 1194 HILLSBORO MILE (EAST SIDE) HILLSBORO BCH, FL 33062 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRARA, SONNY 1194 HILLSBORO MILE HILLSBORO BCH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPINA, GASPAR 1194 HILLSBORO MILE HILLSBORO BCH, FL 33062 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEARY, NORMA 1194 HILLSBORO MILE #14 HILLSBORO BCH, FL 33062 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, RICK 1194 HILLSBORO MILE #17 HILLSBORO BEACH, FL 33062 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Norma Leary Sec.</i></u> Norma Leary, Secretary DATE <u>2/15/05</u> DAYTIME PHONE # <u>9544279634</u>					