FILE NOW: FILING FEE IS $61.25

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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742598 (6)

1. Corporation Name

Hillsboro Square Condominium Association, Inc.

Principal Place of Business	Mailing Address
1172 Hillsboro Mile Hillsboro Beach FL. 33062	2200 North Federal Hwy. Suite 212 Boca Raton, FL. 33431

3. Date Incorporated or Qualified	3a. Date of Last Report
1978	1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number 59-1867091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Horn, Pam 1172 Hillsboro Mile Hillsboro Beach, FL. 33062	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 Pam Horn 3/3/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/S/T	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Horn, Pam		12 NAME	
STREET ADDRESS	1172 Hillsboro Mile		13 STREET ADDRESS	
CITY-ST-ZIP	Hillsboro Beach, FL.		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Thers, William		22 NAME	
STREET ADDRESS	1173 Hillsboro Mile		23 STREET ADDRESS	
CITY-ST-ZIP	Hillsboro Beach, FL.		24 CITY-ST-ZIP	
TITLE	P/D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Kalb, Frank		32 NAME	
STREET ADDRESS	1173 Hillsboro Mile		33 STREET ADDRESS	
CITY-ST-ZIP	Hillsboro Beach, FL.		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: Pam Horn Secretary/Treas. Pam Horn 3/3/97 561-347-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #