

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742598** (6)
1. Corporation Name
HILLSBORO SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1172 HILLSBORO MILE HILLSBORO BEACH FL 33062-1808		Mailing Address 2200 NORTH FEDERAL HWY. SUITE #212 BOCA RATON FL 33431		3. Date Incorporated or Qualified 04/28/1978	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2195655 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		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent HORN, PAM 1172 HILLSBORO MILE HILLSBORO BEACH, FL 33062				10. Name and Address of New Registered Agent 81 Name LENNIE PLAZURE 82 Street Address (P.O. Box Number Is Not Acceptable) 2200 NORTH FEDERAL Highway 83 Suite 212 84 City Boca Raton FL 85 Zip Code 33431			
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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 *Lenie Plazure* **LENNIE PLAZURE** **2/27/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DST	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	HORN, PAM			1.2 NAME			
STREET ADDRESS	1172 HILLSBORO MILE			1.3 STREET ADDRESS			
CITY-ST-ZIP	HILLSBORO BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	WILLIAM, THEIS			2.2 NAME			
STREET ADDRESS	1173 HILLSBORO MILE			2.3 STREET ADDRESS			
CITY-ST-ZIP	HILLSBORO BEACH FL 33062-1808			2.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	KOLB, FRANK			3.2 NAME			
STREET ADDRESS	1173 HILLSBORO MILE			3.3 STREET ADDRESS			
CITY-ST-ZIP	HILLSBORO BEACH FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ 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.

SIGNATURE: *Pam Horn* **PAM HORN** **2/28/98** **561-347-1494**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)