## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 742598**



FILED Jan 09, 2003 8:00 am Secretary of State

HILLSBORO SQUARE CONDOMINIUM ASSOCIATION, INC.						01-09-2003 9	90046 037 ****	61.25
Principal Place of Business 1173 HILLSBORO MILE #2/2 HILLSBORO BEACH FL 33062-1608		Mailing Address 1173 HILLSBORO MILE #2/2 HILLSBORO BEACH FL 33062-1608		1 AMB (2) (MB) & M	DJB (1881 BIKA 1878) (BI	81811 31211 81211 81811 8	<b>a</b> ti	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		×	CHECK HERE IF	MAKING CHANGE	S	
City & State		City & State			4. FEI Number 5	9-2195655	<del></del>	Applied For
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	\$8.75 Ad	dditional
6. Name and Address of Current Registered Agent  EDWARDS, ROBERT  1173 HILLSBORO MILE			Nam Stree	<del></del>	7. Name and Add	,		
#2/2 HILLSBORO BEACH FL 33062			City	#	2/2	EACH	FL Zpc	de
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 file applicable.  (NOTE: Registered Agent signature required when reinstating)  PLE NOW: FEE IS \$61.25  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 DIF	ECTORS	11,	Oh /	ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS I	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANOSTROM, CECIL 1173 NILLSBORO MILE #2/2 HILLSORO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRE	D	E SOUZA	ADA RORD MÍL	€ # 2/2	☐ Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EDWARDS, NOBERT 1173 HILLSBORD MILE #2/3 HILLSBORO BEASH FL 33062	☐ Delete	TITLE NAME STREET ADDRE	DST VI II7 HIL	CTORIA CTORIA LLS BORO	FEAMAN 30120 MI 3EACH F	MChange LE # 4/ 1. 330 6 :	Addition E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP- DONNIS, CINGER P O BOX 1655 JOHNSON CITY FL 37605	Delete	NAME STREET ADDRE	5 44 S 117 H1	RON PO HILLSE	LIN BORD MII BEACH	E # 4/ F1. 330 6	Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS		·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS   CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS			☐ Change	Addition
12. I hereby o	certify that the information supplied with	this filing does not qualify for th	ne exemption	stated in Se	ction 119.07(3)(i), FI	orida Statutes. I fur	ther 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:

1/6/03 954-742-4404