

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 190420

FILED
Mar 29, 2008
Secretary of State

Entity Name: HILLSBORO MILE OCEAN APARTMENTS, INC.

Current Principal Place of Business:

1045 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1045 HILLSBORO MILE
CORPORATE BOX
HILLSBORO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-0802461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 N.W. 6TH WAY, STE. 103
FORT LAUDERDALE, FL 33399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, CLAIRE R MS
Address: 1045 HILLSBORO MILE #16A
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: S () Delete
Name: HOBBS, JOHN MR
Address: 1045 HILLSBORO MILE #2A
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: T () Delete
Name: PATRICIA, WALDEN MRS
Address: 1045 HILLSBORO MILE, #11B
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: V () Delete
Name: VAN HUIS, OLIVE MRS
Address: 1045 HILLSBORO MILE APT #9B
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: V () Delete
Name: TINKHAM, DALE MR
Address: 1045 HILLSBORO MILE APT #14A
City-St-Zip: HILLSBORO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RICCIARDI, FRANK MR
Address: 1045 HILLSBORO MILE #17A
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA WALDEN

T

03/29/2008

Electronic Signature of Signing Officer or Director

_____ Date