

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90354 004 ***150.00

DOCUMENT # 193293

1. Entity Name
**HILLSBORO MILE OCEAN APARTMENTS SECTION 3,
INC.**



Principal Place of Business
**1041 HILLSBORO MILE
HILLSBORO BEACH, FL 33062**

Mailing Address
**C/O JOHN L WHITE
3170 N FEDERAL HWY #100-M
LIGHTHOUSE POINT, FL 33064**

4000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-0834246

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent—

7. Name and Address of New Registered Agent

**MCCABE, SUZANNE
1041 HILLSBORO MILE 11-E
HILLSBORO BCH, FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MCCABE, SUZANNE**
STREET ADDRESS **1041 HILLSBORO MILE, #11-E**
CITY-ST-ZIP **HILLSBORO BEACH, FL 33062**

TITLE **STD** ☐ Delete
NAME **MULCAHY, FRANCES**
STREET ADDRESS **1041 HILLSBORO MILE, 16-E**
CITY-ST-ZIP **HILLSBORO BEACH, FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP John Mathes**
STREET ADDRESS **1041 Hillsboro mile #15-E**
CITY-ST-ZIP **Hillsboro Beach, FL 33062**

TITLE ☐ Change ☒ Addition
NAME **D Anthony Chellino**
STREET ADDRESS **1041 Hillsboro mile, #12-E**
CITY-ST-ZIP **Hillsboro Beach, FL 33062**

TITLE ☐ Change ☐ Addition
NAME **D Garat Oates**
STREET ADDRESS **1041 Hillsboro mile #19-E**
CITY-ST-ZIP **Hillsboro Beach, FL 33062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frances C. Mulcahy (FRANCES C. MULCAHY) 3/9/06 954-205-2800