

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90030 049 ***150.00

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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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



04102008 Chg-P CR2E034 (12/06)

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

~~MCCABE, SUZANNE
158521 CORINTHA TERRACE
DELRAY BEACH, FL 33432~~

7. Name and Address of New Registered Agent

Name **Richard G. Fox**
Street Address (P.O. Box Number is Not Acceptable)
15852 CORINTHA TERR
City **DELRAY BEACH** FL Zip Code **33446**

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 **Richard G. Fox**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEMPEK, WILLIAM	
STREET ADDRESS	5543 NW 39 AVE	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FOX, RICHARD	
STREET ADDRESS	1582 CORINTHA TERRACE	
CITY-ST-ZIP	DELRAY BEACH, FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAGUNOWICH, PAUL	
STREET ADDRESS	67 FOREST GLEN RD	
CITY-ST-ZIP	LONGMEADOW, MA 01106	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZALOMIC, LORNA	
STREET ADDRESS	22 FREEBODY ST	
CITY-ST-ZIP	NEWPORT, RI 02840	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OATES, GARAT	
STREET ADDRESS	1041 HILLSBORO MILE #19-E	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15852 CORINTHA TERRACE	
CITY-ST-ZIP	33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALOUNIS, LORNA	
STREET ADDRESS	ZALOUNIS	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIEDS, JAMES	
STREET ADDRESS	3150 N. LAKE SHORE DR. APT. #10F	
CITY-ST-ZIP	CHICAGO, IL 60657	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Richard G. Fox**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

Date

561-487-5765

Daytime Phone #