May 08, 1999 8:00 am Secretary of State

05-08-1999 90024 043 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 205004

1. Corporation Name

HILLSBORO MILE OCEAN APARTMENTS SECTION 4, INC.

Principal Place	of Business	Mailing Address	Mailing Address)(#1811 #1811 #1811 #1	ali albii albii iani
1039 HILLSBOR	O MILE	PO BOX 8686	PO BOX 8686					
POMPANO BEACH FL 33062 DEERFIELD			ELD BEACH FL 33443			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						08/12/1957		
Principal Place of Business 2a. Mailing A			Address			4. FEI Number		Applied For
21	26	-			59-1000923		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22		27				U	Fee	Required
City & State)	City & State				6. Election Campaign Financing		May Be
23	0	Zip Country			· · · · · ·	Trust Fund Contribution		ed to Fees
Zip	Country	Zip		ountry		8. This corporation owes the current y	ear Intangible	□No
24	25 Name and Address of Current	29 Pagistared Agent	30	Т		Personal Property Tax. 10. Name and Address of New Regis		١40
9. Name and Address of Current Registered Agent					Name	10, 1141110 4114 / 1541-045 21 1141 1143		
MOR	ALES, CHARLES M							
40 S	e 5th Street			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
SUIT			83					
BOC			1_1					
				84	City		FL 85 Z	ip Code
office or re agent, I ar SIGNATURE	egistered agent, or both, in the State of n familiar with, and accept the obligation	Florida. Such change wa ons of, Section 607.0505,	s authorize Florida Sta	ed by t atutes.	he corpor	orporation submits this statement for the purp ration's board of directors. I hereby accept the	appointment as	its registered registered
	Signature, typed or printed name of registered agent a			<u>_</u>	signature rec	ADDITIONS/CHANGES TO OFFICE	DO AND DIDEC	TODS IN 12
TITLE	PD OFFICERS AND	DIRECTORS DELETE	13	TITLE	IT	PD	Chang	
NAME	LANDRY, JOSEPH	G sere.	1	NAME		KEATING, RICHARD L) (3.
STREET ADDRESS	1039 HILLSBORO MILE #24				1	1039 HILLSBORO MILE #11		
CITY-ST-ZIP	HILLSBORO BEACH FL 33062			CITY-ST		HILLSBORO BEACH FL 33062		
TITLE	VPD	TX DELETE		TITLE		7PD	Chang	e 🔀 Addition
NAME	STENGEL, WILLIAM F			NAME	N	CFERREN, JANE		
STREET ADDRESS	1039 HILLSBORO MILE, #16					1039 HILLSBORO MILE #21		
CITY-ST-ZIP	POMPANO BEACH FL 33062			CITY-ST		HILLSBORO BEACH, FL 3306	2	
TITLE	SD	☐ DELETE		TITLE			☐ Chang	ge 🔲 Addition
NAME	MORELL, RITA		3.21	NAME				
STREET ADDRESS	1039 HILLSBORO MILE, #9		3.3 9	STREET	ADDRESS			
CITY-ST-ZIP	HILLSBORO BEACH FL 33062		3.4.	CITY-ST	-2\P			
TITLE	TD	[X] DELETE	4.11	TITLE	1	ΓD	☐ Chan	ge 🔀 Addition
NAME	DRAKE, JESSE		4 2	NAME	7	JANN, JAMES SR.		
STREET ADDRESS	1039 HILLSBORO MILE, #19		4.3 5	STREET	ADDRESS 1	LO39 HILLSBORO MILE #24		
CITY-ST-ZIP	HILLSBORO BEACH FL 33062			CITY-ST	ZIP F	HILLSBORO BEACH, FL 3306	2	
TITLE	D	□ DELETE	5.11	TITLE			Chang	ge 🔲 Addition
NAME	KENYON, VERNA		5.21	NAME				į
STREET ADDRESS	1039 HILLSBORO MILE, #3		5.3 \$	STREET	ADDRESS			

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. Block 12 or Block 13 if changed, or

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

πιε

NAME

HILLSBORO BEACH FL 33062

☐ DELETE

Oaytime Phone #

Change

Addition