

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90026 024 ***150.00

DOCUMENT # 205004

1. Entity Name

HILLSBORO MILE OCEAN APARTMENTS SECTION 4, INC.

Principal Place of Business

**1039 HILLSBORO MILE
POMPAÑO BEACH FL 33062**

Mailing Address

**PO BOX 8686
DEERFIELD BEACH FL 33443**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1000923**

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

**MORALES, CHARLES M
40 SE 5TH STREET
SUITE 401
BOCA RATON FL 33432**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☒ Delete
NAME **KEATING, RICHARD L**
STREET ADDRESS **1039 HILLSBORO MILE #24**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE **PD** ☐ Delete
NAME **MCFERREN, JANE**
STREET ADDRESS **1039 HILLSBORO MILE #21**
CITY-ST-ZIP **POMPAÑO BEACH FL 33062**

TITLE **SD** ☐ Delete
NAME **MORELL, RITA**
STREET ADDRESS **1039 HILLSBORO MILE, #9**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE **TD** ☒ Delete
NAME **VANN, JAMES SR**
STREET ADDRESS **1039 HILLSBORO MILE #24**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE **VPD** ☒ Delete
NAME **STENGEL, WILLIAM F**
STREET ADDRESS **1039 HILLSBORO MILE #16**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☒ Change ☒ Addition
NAME **VPD VANN, JAMES SR.**
STREET ADDRESS **1039 HILLSBORO MILE #24**
CITY-ST-ZIP **HILLSBORO BEACH, FL 33062**

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

TITLE ☒ Change ☒ Addition
NAME **TD DELISLE, PAUL**
STREET ADDRESS **1039 HILLSBORO MILE #16**
CITY-ST-ZIP **HILLSBORO BEACH, FL 33062**

13. 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 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 11 or Block 12 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 #

CR2E034 (10/00)