FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 06, 1999 8:00 am
Secretary of State
07-06-1999 90010 027 ****61.25

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DOCUMENT # 704209

1. Corporation Name
HILLSBORO-INLET APT.,INC.

Principal Place of Business	Mailing Address
HILLSBORO - INLET APT., INC. 2501 N. OCEAN BLVD. POMPANO BEACH FL 33062	2900 E OAKLAND PK BLVD 1103 FT LAUDERDALE FL 33306 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 06/21/1962 4. FEI Number 59-1119276 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVID E. BUCK 2900 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] DAVID E. BUCK REGISTERED AGENT 6/23/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KEARNS, LAWRENCE "BUD"		1.2 NAME	
STREET ADDRESS	2501 NORTH OCEAN BLVD, #4		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, DAN		2.2 NAME	
STREET ADDRESS	2501 N. OCEAN BLVD., #11		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOWNEY, JEANNE		3.2 NAME	
STREET ADDRESS	2501 N. OCEAN BLVD., #9		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHN, JAMES		4.2 NAME	
STREET ADDRESS	2501 N OCEAN BLVD, #2		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JEHLE, JOHN		5.2 NAME	
STREET ADDRESS	2501 NORTH OCEAN BLVD. #3		5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000		5.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TERP, LUELLA		6.2 NAME	
STREET ADDRESS	2501 N OCEAN BLVD #16		6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-ST-ZIP	

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, 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.

SIGNATURE: [signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/23/99 Daytime Phone # 954) 561-3303

CR2E037 (11/98)