2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 704209** 1. Entity Name 04-05-2004 90410 015 ****61.25 HILLSBORO-INLET APT., INC. Mailing Address Principal Place of Business HILLSBORO - INLET APT., INC. 2900 E OAKLAND PK BLVD 2501 N. OCEAN BLVD. POMPANO BEACH FL 33062 FT LAUDERDALE FL 33306 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-1119276 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVID E. BUCK Street Address (P.O. Box Number is Not Acceptable) 2900 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 Zip Code FL 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Florida Department of State Due By May 1, 2004 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change Addition TITLE SOLITRO, LORNA NAME NAME 2501 NORTH OCEAN BLVD, #20 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete Change Addition TITLE TITLE MURPHY, DAN NAME NAME 2501 N. OCEAN BLVD., #11 STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE - Delete TITLE-SOLITRO, LEONARD NAME NAME 2501 N OCEAN BLVD #20 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE VITALE, JOSEPH NAME NAME 2500 N OCEAN BLVD #12 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE MURPHY, SHEILA NAME NAME 2501 NORTH OCEAN BLVD. #3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition TERP, LUELLA NAME NAME 2501 N OCEAN BLVD #16 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, 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.

FILED

PRESIDENT x 3/31/04 954)561-3303