

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90028 017 ****61.25

DOCUMENT # 704209	
1. Entity Name HILLSBORO-INLET APT., INC.	

Principal Place of Business HILLSBORO - INLET APT., INC. 2501 N. OCEAN BLVD. POMPANO BEACH, FL 33062	Mailing Address 2900 E OAKLAND PK BLVD #103 FT LAUDERDALE, FL 33306 US
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50032034

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01032005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1119276	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVID E. BUCK 2900 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306		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. 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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLITRO, LORNA 2501 NORTH OCEAN BLVD, #20 POMPANO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, DAN 2501 N. OCEAN BLVD., #11 POMPANO BEACH, FL 00000, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLITRO, LEONARD 2501 N OCEAN BLVD #20 POMPANO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VITALE, JOSEPH 2500 N OCEAN BLVD #12 POMPANO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, SHEILA 2501 NORTH OCEAN BLVD. #11 POMPANO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERP, LUELLA 2501 N OCEAN BLVD #16 POMPANO BEACH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☒ Change ☐ Addition

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.

SIGNATURE:

Sheila H. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila H. Murphy

3/23/05 9521-561-3303
Date Daytime Phone #