


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90196 020 ****61.25

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

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| 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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| 2. Principal Place of Business | 3. Mailing Address |
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| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

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|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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40063407



04212006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-1119276 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DAVID E. BUCK 2900 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOLITRO, LORNA 2501 NORTH OCEAN BLVD, #20 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MURPHY, DAN 2501 N. OCEAN BLVD., #11 POMPANO BEACH, FL 00000, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SOLITRO, LEONARD 2501 N OCEAN BLVD #20 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VITALE, JOSEPH 2500 N. OCEAN BLVD #12 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, SHEILA 2501 NORTH OCEAN BLVD. #3 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MURPHY, SHEILA 2501 N. OCEAN BLVD #3 POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TERP, LUELLA 2501 N OCEAN BLVD #16 POMPANO BEACH, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR CYR, CHRIS 2501 N. OCEAN BLVD #6 POMPANO BEACH, FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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| SIGNATURE: <u>Sheila H. Murphy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: <u>4/24/06</u> <small>Daytime Phone #</small> |
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