

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90451 017 ****61.25

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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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1119276	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR FERREIRA, JACQUELINE 2501 N. OCEAN BLVD. #10 POMPANO BEACH, FL 33062	
NAME	SOLITRO, LORNA		NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
STREET ADDRESS	2501 NORTH OCEAN BLVD, #20		STREET ADDRESS	2501 N. OCEAN BLVD. #10	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PRESIDENT MURPHY, DAN 2501 N. OCEAN BLVD. #11 POMPANO BEACH, FL 33062	
NAME	MURPHY, DAN		NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	2501 N. OCEAN BLVD., #11		STREET ADDRESS	2501 N. OCEAN BLVD. #11	
CITY-ST-ZIP	POMPANO BEACH, FL 00000,		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	SOLITRO, LEONARD		NAME		
STREET ADDRESS	2501 N OCEAN BLVD #20		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT VITALE, JOSEPH 2501 N. OCEAN BLVD. #12 POMPANO BEACH, FL 33062	
NAME	VITALE, JOSEPH		NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	2500 N OCEAN BLVD #12		STREET ADDRESS	2501 N. OCEAN BLVD. #12	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY GONZALEZ, JERI 2501 N. OCEAN BLVD. #2 POMPANO BEACH, FL 33062	
NAME	MURPHY, SHEILA		NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
STREET ADDRESS	2501 NORTH OCEAN BLVD. #3		STREET ADDRESS	2501 N. OCEAN BLVD. #2	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	CYR, CHRIS		NAME		
STREET ADDRESS	2501 N OCEAN BLVD #106		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
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.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/26/07 Daytime Phone #: (954) 561-3303		

PRESIDENT