

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:51

DOCUMENT # 704775 (6)

1. Corporation Name

HILLSBORO-IMPERIAL APARTMENTS, INC.

Principal Place of Business

1199 HILLSBORO MILE A1A
HILLSBORO BEACH FL 33062-1508

Mailing Address

1199 HILLSBORO MILE A1A
HILLSBORO BEACH FL 33062-1508

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1962

3a. Date of Last Report

04/22/1994

4. FEI Number

59-1004326

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNIVANT, CHERYL L
1199 HILLSBORO A-1-A
HILLSBORO BEACH FL 33062

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Cheryl L. Dunivant

Cheryl L. Dunivant, Manager

4/5/95

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
DUNDON, THOMAS
1199 HILLSBORO MILE
HILLSBORO BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D
DUNDON, THOMAS
1199 Hillsboro Mile
Hillsboro Beach, FL 33062

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
QUINN, THOMAS
1199 HILLSBORO MILE A1A
HILLSBORO BEACH FL 33062

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
SEVER, EARL
1199 HILLSBORO MILE A1A
HILLSBORO BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

V
SEVER, EARL
1199 Hillsboro Mile
Hillsboro Beach, FL 33062

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BATES, MARTIN
1199 HILLSBORO MILE A1A
HILLSBORO BEACH FL 33062

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Y
HAHER, GRACE
1199 HILLSBORO MILE
HILLSBORO BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

S
HAHER, GRACE
1198 Hillsboro Mile
Hillsboro Beach, FL 33062

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
FISHER, SAM
1199 HILLSBORO MILE A1A
HILLSBORO BCH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

P
FISHER, SAM
1198 Hillsboro Mile
Hillsboro Beach, FL 33062

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 607.0505, 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.

SIGNATURE:

Earl Sever
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Earl Sever, Vice President

4/5/95
Date

305-427-2041
Daytime Phone #