

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704775 (6)

1. Corporation Name

HILLSBORO-IMPERIAL APARTMENTS, INC.



Principal Place of Business

Mailing Address

1199 HILLSBORO MILE A1A
HILLSBORO BEACH FL 33062-1508

1199 HILLSBORO MILE A1A
HILLSBORO BEACH FL 33062-1508

3. Date Incorporated or Qualified
11/06/1962

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Parker, Cheryl
82 Street Address (P.O. Box Number is Not Acceptable)
1199 Hillsboro mile
83
84 City Hillsboro Bch FL 85 Zip Code 33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Cheryl Parker

4-18-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DUNDON, THOMAS
STREET ADDRESS 1199 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH FL

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME P
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME QUINN, THOMAS
STREET ADDRESS 1199 HILLSBORO MILE A1A
CITY-ST-ZIP HILLSBORO BEACH FL 33062

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

TITLE V ☒ DELETE
NAME SEVER, EARL
STREET ADDRESS 1199 HILLSBORO MILE A1A
CITY-ST-ZIP HILLSBORO BEACH FL

3.1 TITLE V ☐ Change ☐ Addition
3.2 NAME Richard Knott
3.3 STREET ADDRESS 1199 Hillsboro mile
3.4 CITY-ST-ZIP Hillsboro Bch FL 33062

TITLE D ☒ DELETE
NAME BATES, MARTIN
STREET ADDRESS 1199 HILLSBORO MILE A1A
CITY-ST-ZIP HILLSBORO BEACH FL 33062

4.1 TITLE D ☐ Change ☐ Addition
4.2 NAME Alan Woodruff
4.3 STREET ADDRESS 1199 Hillsboro mile
4.4 CITY-ST-ZIP Hillsboro Bch FL 33062

TITLE S ☐ DELETE
NAME HAHER, GRACE
STREET ADDRESS 1198 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH FL

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

TITLE P ☒ DELETE
NAME FISHER, SAM
STREET ADDRESS 1198 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO Bch FL

6.1 TITLE P ☐ Change ☐ Addition
6.2 NAME Don Porter
6.3 STREET ADDRESS 1199 Hillsboro mile
6.4 CITY-ST-ZIP Hillsboro Bch FL 33062

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Don Porter-Treas. 4-18-96 954-427-2041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)