


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 708146 1. Entity Name HILLSBORO COLONNADE, INC.			
Principal Place of Business 1161 HILLSBORO MILE HILLSBORO BEACH FL 33062		Mailing Address 1161 HILLSBORO MILE HILLSBORO BEACH FL 33062	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53RD ST., STE. 300 BOCA RATON FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	



1st MOORE CR2E037 (10/06)

4. FEI Number **59-1167815** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P PHILLIPS, PAUL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1161 HILLSBORO MILE #408	STREET ADDRESS	U00000615588
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP	02/06/07-80076-020 61.25
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, MAUREEN	NAME	
STREET ADDRESS	1161 HILLSBORO MILE #501	STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	CITY-ST-ZIP	
TITLE	S/T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, ROB	NAME	
STREET ADDRESS	1161 HILLSBORO MILE #201	STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, TOM	NAME	
STREET ADDRESS	1161 HILLSBORO MILE #401	STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOHN	NAME	
STREET ADDRESS	1161 HILLSBORO MILE #405	STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFLEUR, KAREN	NAME	
STREET ADDRESS	1161 HILLSBORO MILE #206	STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO 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 Section 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: *Paul Phillips* 1/30/07 9545961096