2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#732149

FILED Mar 27, 2009 Secretary of State

Entity Name: HILLSBORO LANDINGS CONDOMINIUM ASSOCIATION NO. TWO, INC.

Current Principal Place of Business:				New Principal Place of Business:			
1629 RIVEF DEERFIELI	RVIEW RD D BEACH, FL	. 33441					
Current Mailing Address:				New Mailing Address:			
	LSBORO BL' D BEACH, FL						
FEI Number:	59-0688341	FEI Number Applied For()	FEI Nur	nber Not Appl	licable ()	Certificate of	Status Desired ()
Name and	Address of (Current Registered Agent:		Name and	Address of	New Register	red Agent:
1215 E. HIL DEERFIELI	_ PROPERTY _LSBORO BL' D BCH, FL 3:	VD	nurnosa o	of changing i	te registered	office or regist	tered agent or both
in the State		submits this statement for the	purpose c	n changing i	is registered	office of regist	tered agent, or both,
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	ent			Date)
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGE:	S TO OFFICE	RS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PASCAR, SHE 1629 RIVERVII			Title: Name: Address: City-St-Zip:	() Change ()Ad	ldition
Title: Name: Address: City-St-Zip:	COBB, DONAL 1629 RIVERVII) Delete D EW ROAD # 119 EACH, FL 33441		Title: Name: Address: City-St-Zip:	() Change()Ad	ldition
Title: Name: Address: City-St-Zip:	HASKIN, JANE 1629 RIVER VI			Title: Name: Address: City-St-Zip:	BOEHM, LISA 1629 RIVER	X) Change ()Ac \ VIEW RD #621 BEACH, FL 3344	
Title: Name: Address: City-St-Zip:	DURYEA, ALAI 1627 RIVERVII			Title: Name: Address: City-St-Zip:	DURYEA, ALA 1627 RIVERV		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	SWEENEY, R 1627 RIVERV		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA PASCAR P 03/27/2009