

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762099 (0)
1. Corporation Name
HILLSBORO OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1155 HILLSBORO MILE
HILLSBORO BCH FL 33062-8742**

3. Date Incorporated or Qualified **02/24/1982** 3a. Date of Last Report **04/13/1995**
4. FEI Number **59-2480055** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**KUSHNER, HELEN
1155 HILLSBORO MILE
HILLSBORO BEACH FL 33062-1742**

10. Name and Address of New Registered Agent
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	SCHOTTNEFELD, CAROL	
STREET ADDRESS	1155 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ACQUAVITA, JOHN	
STREET ADDRESS	1155 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH. FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KUSHNER, HELEN	
STREET ADDRESS	1155 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH. FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WEXLER, NANCY	
STREET ADDRESS	1155 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH. FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SALAS, SYDNEY DR.	
STREET ADDRESS	1155 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Alfred Dibenedetto
2.3 STREET ADDRESS	1155 Hillsboro Mile
2.4 CITY-ST-ZIP	Hillsboro Beach, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900001847699
5.3 STREET ADDRESS	-06/03/96--01030--054
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: *Helen Kushner* **Helen Kushner** Date: **954/42/2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)