

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 # 762099 (0)
1. Corporation Name
HILLSBORO OCEAN CLUB CONDOMINIUM ASSOCIATION, IN
C.



Principal Place of Business Mailing Address
1155 HILLSBORO MILE
HILLSBORO BCH FL 33062-8742 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 25 Zip 26 Country
28 Zip 29 Country 30

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

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	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOTTNEFELD, CAROL	1.2 NAME	
STREET ADDRESS	1155 HILLSBORO MILE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH. FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACQUAVITA, JOHN	2.2 NAME	D Alfred Dibenedetto
STREET ADDRESS	1155 HILLSBORO MILE	2.3 STREET ADDRESS	1155 Hillsboro Mile
CITY-ST-ZIP	HILLSBORO BCH. FL	2.4 CITY-ST-ZIP	Hillsboro Beach, FL
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSHNER, HELEN	3.2 NAME	
STREET ADDRESS	1155 HILLSBORO MILE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH. FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEXLER, NANCY	4.2 NAME	
STREET ADDRESS	1155 HILLSBORO MILE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH. FL	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	900001847633 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAS, SYDNEY DR.	5.2 NAME	-06/03/96--01030--054
STREET ADDRESS	1155 HILLSBORO MILE	5.3 STREET ADDRESS	***\$1.25
CITY-ST-ZIP	HILLSBORO BCH. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954/4212400

CR2E037 (12/95)