#### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

### 1999 **DOCUMENT # 762099**

1. Corporation Name

## HILLSBORO OCEAN CLUB CONDOMINIUM ASSOCIATION, IN

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

1155 HILLSBORO MILE

HILLSBORO BCH FL 33062-8742

# Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90006 033 \*\*\*\*61.25

				and the second s	الماريسانغاره بالوواد	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed		
al		26		02/24/1982		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
		27		59-2480055	Not Applicable	
City & State		City & State		5. Certifcate of Status Desired	\$8.75 Additional	
23		28		or occanoaco or occasion of	Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
7 1 1721		29 30		Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent	
			81 Name	MALES RENE		
114-111-1111-1111-111-111-111-11-11-11-1			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
1155 HILLSBORO MILE			83	55 HILLSBORD MI	<u></u>	
HILLSBORO BEACH FL 33062-1742			83	•		
	. •		84 City , /	and October El	85 Zip Code	
			171	LLSBORD BEACH FL	- 330604	
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 ergent 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						
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 abiligations of, Section 617.0503, Florida Statutes.						
SIGNATURE X N all						
12.	Signature, typed or printed pame of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	DT OFFICERS AND	DELETE	1	A	Change Addition	
NAME	SCHOTTNEFELD, CAROL		12 NAME	TARR EDWARD	·	
STREET ADDRESS	1155 HILLSBORO MILE		1.3 STREET ADDRESS	55 HILLSBORD MILE	•	
	HILLSBORO BCH. FL		1.4 CITY-ST-ZIP	ILLSBORD BEACH FL 330	62	
CITY-ST-ZIP	D ·	☐ DELETE	2.1 TITLE (2.1	6 2 0	Change Addition	
NAME	DIBENEDETTO, ALFRED	<u> </u>	22 NAME	ALES-RENE	THE PART OF	
STREET ADDRESS	1155 HILLSBORO MILE		2.3 STREET ADDRESS	ISS HILLSBORD MILE		
CITY-ST-ZIP	HILLSBORO BCH. FL			MISBORO BEACH, FL	33062	
TITLE	DP	DOELETE	3.1 TITLE		☐ Change	
NAME	KUSHNER, HELEN	•	3.2 NAME	IARY ANNE COSSA	•	
STREET ADDRESS	1155 HILLSBORO MILE		3.3 STREET ADDRESS	ISS HILLSBORD MILE		
CITY-ST-ZIP	HILLSBORO BCH. FL	,	3.4. CITY-ST-ZIP	TILLSBORD BEACH F	-633062	
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	WEXLER, NANCY		4. 2 NAME			
STREET ADDRESS	1155 HILLSBORO MILE		4.3 STREET ADDRESS	·		
ÇITY-ST-ZIP	HILLSBORO BCH. FL		4.4 CITY-ST-ZIP	<u> </u>		
TITLE	DS	☐ DELETE	5.1 TITLE		Change Addition	
NAME	SALAS, SYDNEY DR.		52 NAME	ALUS SYDNEY DR.	•	
STREET ADDRESS	1155 HILLSBORO MILE		5.3 STREET ADDRESS	55 HILLSBORD MILE		
CITY-ST-ZIP	HILLSBORO BCH. FL		5.4 CITY-ST-ZIP /-	TILLSBORO BEACH, FL	<u> 33062</u>	
πιτε, ,,,	• •	☐ DELETE	6.1 TITLE		Change Addition	
NAME	•		6.2 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	·		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, o) on an acachment with an address, with all other like empowered.

SIGNATURE: 1