

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762099

1. Entity Name

HILLSBORO OCEAN CLUB CONDOMINIUM ASSOCIATION, IN

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90190 013 ****61.25

Principal Place of Business

1155 HILLSBORO MILE
HILLSBORO BCH FL 33062-8742

Mailing Address

1155 HILLSBORO MILE
HILLSBORO BCH FL 33062-1716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2480055

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALES, RENE
1155 HILLSBORO MILE
HILLSBORO BEACH FL 33062-1742

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT
NAME SCHOTTNEFELD, CAROL
STREET ADDRESS 1155 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BCH. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DIBENEDETTO, ALFRED
STREET ADDRESS 1155 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BCH. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME COSSA, MARY ANNE
STREET ADDRESS 1155 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BCH. FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME WEXLER, NANCY
STREET ADDRESS 1155 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BCH. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SALAS, SYDNEY DR.
STREET ADDRESS 1155 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BCH. FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DP
NAME STARR, EDWARD
STREET ADDRESS 1155 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BCH. FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

Carol Schottnefeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-00

954-421-2402