

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90040 021 ****61.25

DOCUMENT # 762099 1. Entity Name HILLSBORO OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1155 HILLSBORO MILE HILLSBORO BCH FL 33062-8742			Mailing Address 1155 HILLSBORO MILE HILLSBORO BCH FL 33062-8742		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2480055	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOUDREAU, GERALD 1155 HILLSBORO MILE HILLSBORO BEACH FL 33062-1742				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEARING, JAMES 1155 HILLSBORO MILE HILLSBORO BEACH FL 33062	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARLENE DAVIDOWITZ 1155 HILLSBORO MILE HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIBENEDETTO, ALFRED 1155 HILLSBORO MILE HILLSBORO BCH. FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COSSA, MARY ANNE 1155 HILLSBORO MILE HILLSBORO BCH. FL 33062	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEPOY, MARY 1155 HILLSBORO MILE HILLSBORO BEACH FL 33062	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALUS, VIRGINIA 1155 HILLSBORO MILE #107 HILLSBORO BCH. FL 33062	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSHORNE, GAIL 1155 HILLSBORO MILE HILLSBORO BCH. FL 33062	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMAS COWAN 1155 HILLSBORO MILE HILLSBORO BEACH, FL 33062



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #