

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90110 018 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2480055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DEARING, JAMES  
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

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	SCHOTTNEFELD, CAROL	
STREET ADDRESS	1155 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIBENEDETTO, ALFRED	
STREET ADDRESS	1155 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH. FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COSSA, MARY ANNE	
STREET ADDRESS	1155 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH. FL 33062	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEPOY, MARY	
STREET ADDRESS	1155 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAS, SYDNEY DR.	
STREET ADDRESS	1155 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH. FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIRMINGHAM, GARY	
STREET ADDRESS	1155 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH. FL 33062	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*[Signature]*

1/13/03

954-421-2400

CR2E037 (10/02)