

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767428 (6)
1. Corporation Name
HILLSBORO MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**5335 W HILLSBORO BLVD
LOT 901
COCONUT CREEK FL 33073
US**

3. Date Incorporated or Qualified **03/11/1983** 3a. Date of Last Report **03/06/1995**
4. FEI Number **NOT APPLICABLE** 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 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**LEUBA, DALLAS
5335 W HILLSBORO BLVD.
LOT 901
COCONUT CREEK FL 33073**

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

Dallas Leuba
(NOTE: Registered Agent Signature required when reinstating)

DATE 4/5/96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | NEWMAN, MARVIN | |
| STREET ADDRESS | 5335 W HILLSBORO BLVD., LOT 808 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | WALDRON, MARY | |
| STREET ADDRESS | 5335 W HILLSBORO BLVD., LOT 408 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CARTER, EDWARD | |
| STREET ADDRESS | 5335 W HILLSBORO BLVD., LOT 216 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WALDRON, FRANK | |
| STREET ADDRESS | 5335 W HILLSBORO BLVD., LOT 408 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WOLFE, BETTY | |
| STREET ADDRESS | 5335 W. HILLSBORO BLVD LOT 504 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BOUCHARD, NELSON | |
| STREET ADDRESS | 5335 W HILLSBORO BLVD., LOT 305 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Carter, Edward | |
| 1.3 STREET ADDRESS | 5335 West Hillsboro Blvd., lot 216 | |
| 1.4 CITY-ST-ZIP | Coconut Creek, Fl. 33073 | |
| 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Shaw, Suzy | |
| 2.3 STREET ADDRESS | 5335 West Hillsboro Blvd., Lot 207 | |
| 2.4 CITY-ST-ZIP | Coconut Creek, Fl. 33073 | |
| 3.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Avellino, Kay | |
| 3.3 STREET ADDRESS | 5335 West Hillsboro Blvd., lot 902 | |
| 3.4 CITY-ST-ZIP | Coconut Creek, Fl. 33073 | |
| 4.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Bouchard, Nicole | |
| 4.3 STREET ADDRESS | 5335 West Hillsboro Blvd., lot 305 | |
| 4.4 CITY-ST-ZIP | Coconut Creek, Fl. 33073 | |
| 5.1 TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Strano, Sal | |
| 5.3 STREET ADDRESS | 5335 West Hillsboro Blvd., Lot 507 | |
| 5.4 CITY-ST-ZIP | Coconut Creek, Fl. 33073 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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: Edward Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Carter 4/5/96 954-480-6932
Date Daytime Phone #

CR2E037 (12/95)