


FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767428** (6)  
1. Corporation Name  
**HILLSBORO MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>5335 W HILLSBORO BLVD LOT 901 COCONUT CREEK FL 33073 US</b>	Mailing Address <b>5335 W HILLSBORO BLVD LOT 901 COCONUT CREEK FL 33073-4320 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/11/1983</b>	3a. Date of Last Report <b>04/15/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

(NOTE: Registered Agent signature required when reinstating)

**3/31/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>CARTER, EDWARD</b>	
STREET ADDRESS	<b>5335 WEST HILLSBORO BLVD., LOT 216</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHAW, SUZY</b>	
STREET ADDRESS	<b>5335 WEST HILLSBORO BLVD., LOT 207</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>AVELLINO, KAY</b>	
STREET ADDRESS	<b>5335 WEST HILLSBORO BLVD., LOT 902</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOUCHARD, NICOLE</b>	
STREET ADDRESS	<b>5335 WEST HILLSBORO BLVD., LOT 305</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>STRANO, SAL</b>	
STREET ADDRESS	<b>5335 WEST HILLSBORO BLVD., LOT 507</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Carter, Edward</b>	
1.3 STREET ADDRESS	<b>5335 West Hillsbor Blvd., Lot 216</b>	
1.4 CITY-ST-ZIP	<b>Coconut Creek, Fl. 33073</b>	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kilbarger, Diane</b>	
2.3 STREET ADDRESS	<b>5335 West Hillsboro Blvd., Lot 822</b>	
2.4 CITY-ST-ZIP	<b>Coconut Creek, Fl. 33073</b>	
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Avellino, Kay</b>	
3.3 STREET ADDRESS	<b>5335 West Hillsboro Blvd., Lot 902</b>	
3.4 CITY-ST-ZIP	<b>Coconut Creek, Fl. 33073</b>	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Farnsworth, Jan</b>	
4.3 STREET ADDRESS	<b>5335 West Hillsboro Blvd., Lot 810</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Strano, Sal</b>	
5.3 STREET ADDRESS	<b>5335 Hillsboro Blvd., Lot 507</b>	
5.4 CITY-ST-ZIP	<b>Coconut Creek, Fl. 33073</b>	
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 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, or on an attachment with an address.

SIGNATURE:

**Edward Carter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/97** **954-480-6932**  
Date Daytime Phone #

0026121

CR2E037 (9/96)