

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 767428

FILED
Mar 20, 2003
Secretary of State

Entity Name: HILLSBORO MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5335 W HILLSBORO BLVD., W.
LT.728
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

5335 W HILLSBORO BLVD., W.
LT.728
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DODGE, CHARLES
5335 W HILLSBORO BLVD., W.
LOT 728
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, EDWARD
Address: 5335 W HILLSBORO BLVD, LOT 216
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD () Delete
Name: SEKULA, MICHAEL
Address: 5335 W HILLSBORO BLVD, LOT 807
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD () Delete
Name: LAFERRIERE, MARGE
Address: 5335 W HILLSBORO BLVD, LOT 709
City-St-Zip: COCONUT CREEK, FL

Title: TD () Delete
Name: PRENEVEAU, DORIS
Address: 5335 W HILLSBORO BLVD, LOT 501
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD () Delete
Name: KELLEY, SUSAN
Address: 5335 W HILLSBORO BLVD, LOT 813
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD () Delete
Name: PRENEVEAU, DORIS
Address: 5335 W HILLSBORO BLVD, LOT 501
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KELLEY, MICHAEL E
Address: 5335 W HILLSBORO BLVD, LOT 813
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD (X) Change () Addition
Name: KILBARGER, PAUL
Address: 5335 W HILLSBORO BLVD, LOT 822
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN KELLEY

SD

03/20/2003

Electronic Signature of Signing Officer or Director

Date