1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 769728**

1. Corporation Name

HILLSBORO COVE YACHT CLUB, INC.

Principal Place of Business 1365 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441

2. Principal Place of Business

Suite, Apt. #,.etc.

City & State

21

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

1365 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441

## **FILED** Mar 30, 1999 8:00 am § Secretary of State

03-30-1999 90033 026 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

08/08/1983

59-2364844

4. FEI Number

23		28					"	<b>3 3</b>	_	Fee Red	quired
Zip	Count	<del></del>	Zip	Cou 30	ntry		1 '	lection Campaign Financin	9 🗆	\$5.00 Added to	
,		ess of Current Regis	tered Agent				10. )	lame and Address of Nev	v Register	ed Agent	
					81	Name					•
VNOV 10	LINEAR				82	Ctroot A	Ideas (D.	) Pay Number is Not Acce	ntable)		
KNOX, JOHN W. 1523 E. HILLSBORO BLVD. #633					82 Street Address (P.O. Box Number is Not Acceptable)						
DEFRIELD BEACH FL 33441				83					-		
DEFILIE	D BEAUTI PE 33441		•								<u> </u>
					84	City				85 Zip C	ode
1 5	to the associations of Co.	etions 617 0502 and 6	17 1509 Elorida Stati	utae tha a	bove L	-named co	progration :	submits this statement for the	he purpose	of changing its	registered
office or r	anietared agent, or hot:	h in the State of Florid	ia. Such change was	authorized	ועםו	he corpor	ation's boa	rd of directors. I hereby acc	ept the ar	pointment as reg	istered
agent. I a	m familiar with, and ac	cept the obligations of	, Section 617.0503, F	Iorida Stati	utes.			•			
SIGNATURE									DATE		<del></del> -
2.	Signature, typed or printed name	ne of registered agent and title OFFICERS AND DIRE		TE: Registered	Agent	signature req	uired when rein	DDITIONS/CHANGES TO (			RS IN 12
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TREET ADDRESS		O BI VD. #633		4.3 ST	TREET	ADDRESS					
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TITLE	DELINICO DENOI		☐ DELETE	5.1 TE						☐ Change	☐ Addit
VAME				5.2 N	AME						
WWIE STREET ARABESS				5.3 ST	TREET	ADDRESS					

CITY-ST-ZIP 14. 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 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 inflicer 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 apparticement with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

JOHN W. KNOX

3/26/99 (954) 426-4991

Change

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Addition