2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2005 8:00 am Secretary of State

DOCUMENT # N01970 1. Entity Name HILLSBORO MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.			02-24-2005 90039 002 ****61.25				
	e of Business LSBORO BLVD BEACH, FL 33441	Mailing Address 21301 POWERLINE ROAD SUITE 102 BOCA RATON, FL 33433				 8/3 8/8 8/3 8/8 8/8	1181 11 (88)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005 Ch	g-NP C	CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0680603	3		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Regi	stered Agent	
			Name				
STOKER, R. CURRY JR. 21301 POWERLINE ROAD #102 BOCA RATON, FL 33433			Street Address	ess (P.O. Box Number is Not Acceptable)			
	1011,12 00100	•					
			City		·	FL Zip Code	9
8. The above the obligat	named entity submits/fipis statement for ions of registered agent	or the purpose of changing its re	gistered office or registe	ered agent, or both, in I	the State of Florida	a. I am familiar with,	and accept
SIGNATURE :	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature require	red when reinstating)		DATE	
SIGNATURE 1		and title if applicable. (NOTE: R 9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE check payable to Department of St	
SIGNATURE	Signature, typed or printed name of registered agent	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be	Florida	e check payable to Department of St	ate
	Signature, speed or printed name of registered spent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor RECTORS	aign Financing .	\$5.00 May Be Added to Fees	Florida	e check payable to Department of St	ate
10. TITLE 2 NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI DPS STOKER, R. CURRY JR. 21301 POWERLINE ROAD, #10	9. Election Camp Trust Fund Cor RECTORS	aign Financing Intribution. 11. IIILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	e check payable to Department of St	10
10. TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI DPS STOKER, R. CURRY JR. 21301 POWERLINE ROAD, #10 BOCA RATON, FL 33433 D STOKER, RICHARD 2930 N. ATLANTIC BLVD.	9. Election Camp Trust Fund Cor RECTORS Delete	aign Financing Intribution. 11. ITILE NAME STREET ADDRESS CITY-SI-ZIP ITILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	e check payable to Department of St AND DIRECTORS IN	10 Addition
10. TITLE ANAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI DPS STOKER, R. CURRY JR. 21301 POWERLINE ROAD, #10 BOCA RATON, FL 33433 D STOKER, RICHARD 2930 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33308 D STOKER, JANE 2930 N. ATLANTIC BLVD.	9. Election Camp Trust Fund Cor RECTORS Delete Delete	aign Financing ntribution. 11. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	e check payable to Department of St AND DIRECTORS IN Change	10 Addition
10. TITLE ANAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI DPS STOKER, R. CURRY JR. 21301 POWERLINE ROAD, #10 BOCA RATON, FL 33433 D STOKER, RICHARD 2930 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33308 D STOKER, JANE 2930 N. ATLANTIC BLVD.	9. Election Camp Trust Fund Cor RECTORS Delete Delete	aign Financing ntribution. 11. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	e check payable to Department of St AND DIRECTORS IN Change	10 Addition Addition

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 section 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 attackment with an address, with all other like employered.

CITY+ST-ZIP

SIGNATURE:

GIGNANURE AND TYPED OR PRINTE

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #