

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 10 AM 9:23

DOCUMENT # N05899 (2)

1. Corporation Name
LANDMARK AT HILLSBORO CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business Mailing Address
1021 HILLSBORO MILE (A1A) HILLSBORO BEACH FL 33062 1021 HILLSBORO MILE (A1A) HILLSBORO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/29/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2485835	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 193.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	30 Country

9. Name and Address of Current Registered Agent
BIBEY, ELEANOR
1021 HILLSBORO MILE, #G2
HILLSBORO BEACH FL 33032

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HAIG, OWEN G MD
STREET ADDRESS	1021 HILLSBORO MILE PH3
CITY - ST - ZIP	HILLSBORO BCH FL
TITLE	VPD
NAME	WATTERS, R J DDS
STREET ADDRESS	1021 HILLSBORO MILE PH1
CITY - ST - ZIP	HILLSBORO BCH FL
TITLE	TD
NAME	DRIVES, CAROLE J
STREET ADDRESS	1021 HILLSBORO MILE 502
CITY - ST - ZIP	HILLSBORO BEACH FL
TITLE	SD
NAME	BIBEY, ELEANOR
STREET ADDRESS	1021 HILLSBORO MILE G-2
CITY - ST - ZIP	HILLSBORO BEACH FL
TITLE	D
NAME	GREGORY, JIMMIE R
STREET ADDRESS	1021 HILLSBORO MILE 301
CITY - ST - ZIP	HILLSBORO BCH FL
TITLE	D
NAME	BROWN, MARTHA
STREET ADDRESS	1021 HILLSBORO MILE PH5
CITY - ST - ZIP	HILLSBORO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VPD Colleen Cushman
53 STREET ADDRESS	1021 Hillsboro Mile 706
54 CITY - ST - ZIP	Hillsboro BCH FL.
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 *Owen G. Haig MD* Owen G. Haig 6/6/95 305-782-5885
DATE _____ (Date) (Daytime Phone #)

CR2E037 (3/95)