

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N05899** (2)

1. Corporation Name

LANDMARK AT HILLSBORO CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 10/29/1984
3a. Date of Last Report: 06/12/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2485835	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BIBEY, ELEANOR 1021 HILLSBORO MILE, #G2 HILLSBORO BEACH FL 33032	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HAIG, OWEN G MD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAIG, OWEN G MD	1.2 NAME	Warren Gilbert
STREET ADDRESS	1021 HILLSBORO MILE PH3	1.3 STREET ADDRESS	PO Box 50325
CITY-ST-ZIP	HILLSBORO BCH FL	1.4 CITY-ST-ZIP	Lighthouse H. FL 33072
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTERS, R J DDS	2.2 NAME	
STREET ADDRESS	1021 HILLSBORO MILE PH1	2.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIVES, CAROLE J	3.2 NAME	
STREET ADDRESS	1021 HILLSBORO MILE 502	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIBEY, ELEANOR	4.2 NAME	
STREET ADDRESS	1021 HILLSBORO MILE G-2	4.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASHMAN, COLLEEN	5.2 NAME	
STREET ADDRESS	1021 HILLSBORO MIL 706	5.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARTHA	6.2 NAME	
STREET ADDRESS	1021 HILLSBORO MILE PH5	6.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH FL	6.4 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 119.07(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: Eleanor Bibey Date: 4/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)