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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N05899 (2)

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



Principal Place of Business: **1021 HILLSBORO MILE (A1A) HILLSBORO BEACH FL 33062**
 Mailing Address: **1021 HILLSBORO MILE (A1A) HILLSBORO BEACH FL 33062-2200**

3. Date Incorporated or Qualified: **10/29/1984**
 3a. Date of Last Report: **05/01/1996**

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		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
23		28		24		25	
Zip		Country		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			

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GILBERT, WARREN		1.2 NAME				
STREET ADDRESS	P.O. BOX 50325		1.3 STREET ADDRESS				
CITY - ST - ZIP	LIGHTHOUSE PT FL		1.4 CITY - ST - ZIP				
TITLE	<i>D Treas</i>	<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 checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <i>Sal Candelaria</i> <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	D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CYSHMAN, 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 checked="" type="checkbox"/> DELETE	6.1 TITLE	VPD <i>Barbara Davis</i> <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 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 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: _____ Date _____ Daytime Phone # 0021764

CP2E037 (9/96)