

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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		3. Date Incorporated or Qualified 10/29/1984
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-2485835
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24		25		29
25		29		30
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
				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 _____ DATE _____
Signature typed or printed (name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILBERT, WARREN P.O. BOX 50325 LIGHTHOUSE PT FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Wayne Laddell 1021 Hillsboro Mile Hillsboro beach FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WATTERS, R J DDS 1021 HILLSBORO MILE PH1 HILLSBORO BCH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	R.J. Watters DDS 1021 Hillsboro Mile PH1 Hillsboro Beach, Fla. 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANDELORA, SAL 1021 HILLSBORO MILE 502 HILLSBORO BEACH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIBEY, ELEANOR 1021 HILLSBORO MILE G-2 HILLSBORO BEACH FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Secretary Registered agent not Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYSYMAN, COLLEEN 1021 HILLSBORO MIL 706 HILLSBORO BCH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DANAIS, BARBARA 1021 HILLSBORO MILE PH5 HILLSBORO BCH FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Ed. Poffey 1021 Hillsboro Mile Hillsboro beach FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 in an attachment with an address.

SIGNATURE: Sandra B. Mortham
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)