


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90006 023 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05899**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/29/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2485835
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 title 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	D LOBDELL, WAYNE 1021 HILLSBORO MILE HILLSBORO BCH FL 33182	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VP LOBDELL same address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WATTERS, R J DDS 1021 HILLSBORO MILE PH1 HILLSBORO BCH FL 33062	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D WATTERS same address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANDELORA, SAL 1021 HILLSBORO MILE 502 HILLSBORO BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIBEY, ELEANOR 1021 HILLSBORO MILE G-2 HILLSBORO BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CYSHEMAN, COLLEEN 1021 HILLSBORO MIL 706 HILLSBORO BCH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	MRS. M. HERNANDEZ 1021 HILLSBORO MILE HILLSBORO BEACH FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOFES, ED 1021 HILLSBORO MILE HILLSBORO BCH FL 33062	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D SOFES, ED same address

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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002908

CR2E037 (5/99)