
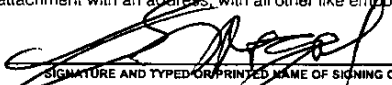


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90015 039 ****61.25

DOCUMENT # N05899					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02162006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2485835			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BIBEY, ELEANOR 1021 HILLSBORO MILE, #G2 HILLSBORO BEACH, FL 33032			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, MARTHA		NAME	SEYMOUR MOSGAL	
STREET ADDRESS	1021 HILLSBOROMKE #PH-5		STREET ADDRESS	1021 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENI, JANET		NAME	ED ROFES	
STREET ADDRESS	121 HILLSBORO MILE 1204		STREET ADDRESS	1021 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHER, CHRISTINE D		NAME	RITA LYONS	
STREET ADDRESS	1021 HILLSBORO MILE PH6		STREET ADDRESS	1021 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, THERESA D		NAME	SHIRLEY LAPIDUS	
STREET ADDRESS	1021 HILLSBORO MILE		STREET ADDRESS	1021 HILLSBORO BEACH MILE	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAFURI, MICHAEL		NAME	ARNOLD BROOKER	
STREET ADDRESS	1021 HILLSBORO MILE		STREET ADDRESS	1021 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIBEY, ELEANOR		NAME		
STREET ADDRESS	1021 HILLSBORO MILE		STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.					
SIGNATURE: 		SEYMOUR MOSGAL		2/20/06 954-782-5885	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	