2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2007 8:00 am Secretary of State

DOCUMENT # N05899 1. Entity Name LANDMARK AT HILLSBORO CONDOMINIUM ASSOCIATION, INC.				03-23-2007 90033 003 ****70.00			
1021 HILLSBORO MILE (A1A) 103			ailing Address 021 HILLSBORO MILE (A1A) ILLSBORO BEACH, FL 33062		60028498		
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address					
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Suite, Apt. (#, etc.	Suite, Apt. #, etc.		03012007	Chg-NP CR2E03	7 (12/06)	
City & State	9	City & State		4. FEI Number 59-24858	35	Applied For Not Applicable	
Zip	Country	Zip	Country V5A	5. Certificate of S		8.75 Additional	
	6. Name and Address of Curren	Registered Agent		7. Name and Ad	dress of New Registered A		
DIDEN EL		·	Name	1/2000 - 200	100	-	
BIBEY, ELEANOR 1021 HILLSBORO MILE, #G2 HILLSBORO BEACH, FL 33032			Street A	Cheistine Bucher Street Address (P.O. Box Number is Not Acceptable) 1021 Hills boro Mile # PH6			
			City	illsboro Beach	FL	Zip Code	
8. The above	named entity submits this statement f	or the purpose of changing its			\ <u></u>	33063" amiliar with, and accept	
SIGNATURE	ons of registered agent. **Tallunding** Signature, typed or printed name of registered agent	South	TE: Registered Agent signal	ure required when reinstating)	3/8/o	7	
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	Filing Fee is \$61.25 Due by May 1, 2007		mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check Florida Depart	• •	
	_	Trust Fund (ADDITIONS/CHANG	1	ment of State	
10.	OFFICERS AND D	Trust Fund (Contribution. 11. TITLE	ADDITIONS/CHANG	Florida Depart	ment of State RECTORS IN 10 Change Addition	
10. TITLE NAME	OFFICERS AND D T MOGAL, SEYMOUR	Trust Fund (TITLE NAME	ADDITIONS/CHANG	Florida Depart	ment of State	
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12. Thereby certify that the information supplied with this flund 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 empowered.

SIGNATURE: X Christian Bucher 3/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayling Prione *