04-30-2007 90399 030 ****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N06000010357

1. Entity Name

HILLSBORO EXECUTIVE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2615 S. UNIVERSITY DR. DAVIE FL 33328	2615 S. UNIVERSITY DR. DAVIE FL 33328

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
500 NE Spanish River Blvd	Beacon Property Mang
Suite, Apt., etc. Ste 18	Suite, Apt., etc. 500 NE Spanish River Blvd
City & State Boca Raton FL	City & State Suite 18
Zip 33431 Country US	Zip 33431 Country

1st MOORE CR2E037 (10/06)

4. FEI Number 205975834 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALTINO, VINCENT J. ESQ. 2101 W. COMMERCIAL BLVD., STE. 2800 FT. LAUDERDALE FL 33309	Name Willis, Ernest Street Address (P.O. Box Number is Not Acceptable) 500 NE Spanish River Blvd Ste 18 City Boca Raton FL Zip Code 33431

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 Ernest W. Willis

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revitalizing) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 NAME STREET ADDRESS CITY-ST-ZIP	DPST RAPPAPORT, MELBOURNE 2615 S. UNIVERSITY DR. DAVIE FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, JOHN W. JR. 2423 ALHAMBRA CIR. CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 5/6/7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTHCUTT, TOM 3241 NE 56 CT. FT. LAUDERDALE FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Tom Northcutt 4/24/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #