FILED
Jun 03, 2008 8:00 am
Secretary of State
05-05-2008 90254 016 ****61.25

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

DOCUMENT # N06000010357

1. Entity Name

HILLSBORO EXECUTIVE PARK CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66013020

1st MOORE CR2E037 (10/06)

Principal Place of Business	Mailing Address
2815 S. UNIVERSITY DR. DAVIE FL 33328	2815 S. UNIVERSITY DR. DAVIE FL 33328

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

4. FEI Number: 20 5975834 — 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	Willie, Ernest 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 Willie
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) 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 2815 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 5/26/7
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
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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 5/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #