

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 16, 2008 8:00 am
Secretary of State

04-18-2008 90036 015 ***150.00

DOCUMENT # N07000005044 1. Entity Name OCEAN HILLSBORO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1069 HILLSBORO MILE HILLSBORO BEACH, FL 33062			Mailing Address 1069 HILLSBORO MILE HILLSBORO BEACH, FL 33062		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BRANDT, RICHARD 1069 HILLSBORO MILE HILLSBORO BEACH, FL 33062				7. Name and Address of New Registered Agent 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 _____ Signature typed or printed name of registered agent and the # is applicable. (NOTE: Registered Agent's signature required when renewing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD BRANDT, RICHARD 1069 HILLSBORO MILE HILLSBORO BEACH, FL 33062	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUOCCO, ELIZABETH 1069 HILLSBORO MILE HILLSBORO BEACH, FL 33062	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PORDZIK, WOLFGANG 1069 HILLSBORO MILE HILLSBORO BEACH, FL 33062	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BARISO, THERESA 1069 HILLSBORO MILE HILLSBORO BEACH, FL 33062	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ALFANO, DEBORAH 1069 HILLSBORO MILE HILLSBORO BEACH, FL 33062	☐ Delete			
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 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: <u>Deborah Alfano</u>		5/12/08		954 943 0352	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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4. FEI Number **26-1444707** Applied For Not Applicable

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