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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATE ACCESS, INC.
Account Number : FCA000000011
Phone : (850) 222-2666
Fax Number : (850) 222-1666

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
HILLSBORO PROPERTY OWNERS' ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 JUN -5 PM 12:32

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Corporate Filing Menu

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Handwritten signature and date: 6/6/13

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

13 JUN -5 PM 2: 54

ARTICLE I NAME

The name of the corporation shall be:

Hillsboro Property Owners' Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

225 W. Hubbard

Mailing address, if different is:

4th Floor

Chicago, IL 60654

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To maintain the surface water management system,

including but not limited to the irrigation and drainage systems,

in full compliance with Environmental Resource Permit No: 06-05914-P and surface
water management License No. SWM2009-066-2

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Elected at Annual Meetings

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John McLinden-President

Address: 225 W. Hubbard

4th Floor

Chicago, IL 60654

Name and Title: Graham Palmer-Secretary

Address: 225 W. Hubbard

4th Floor

Chicago, IL 60654

Name and Title: John McLinden-Director

Address: 225 W. Hubbard

4th Floor

Chicago, IL 60654

Name and Title: Graham Palmer-Director

Address: 225 W. Hubbard

4th Floor

Chicago, IL 60654

Name and Title: Michael Slaven-Director

Address: 225 W. Hubbard

4th Floor

Chicago, IL 60654

Name and Title:

Address:

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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agent Solutions, Inc.
Address: 155 Office Plaza Dr., Suite A
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amy Horan
Address: c/o Centrum Partners LLC
225 W. Hubbard, Chicago, IL 60654

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Stewart J. Bass
Required Signature of Registered Agent

6/5/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.317.155, F.S.

Amy Horan
Required Signature of Incorporator

6/5/13
Date

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