

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052306

Entity Name: HILLSBOROUGH COUNTY II CORPORATION**Current Principal Place of Business:**1600 SAWGRASS CORP PKWY
STE 400
SUNRISE, FL 33323**Current Mailing Address:**1600 SAWGRASS CORP PKWY
STE 400
SUNRISE, FL 33323 US**FEI Number:** 20-0991694**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HELFMAN, STEVEN M
1600 SAWGRASS CORP PKWY
STE 400
SUNRISE, FL 33323 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	EZRATTI, MISHA J.
Address	1600 SAWGRASS CORP PKWY STE 400
City-State-Zip:	SUNRISE FL 33323
Title	V
Name	ARKIN, RICHARD
Address	1600 SAWGRASS CORP PKWY, STE 400
City-State-Zip:	SUNRISE FL 33323
Title	VT
Name	MENENDEZ, N. MARIA
Address	1600 SAWGRASS CORP PKWY, STE 400
City-State-Zip:	SUNRISE FL 33323

Title	VAS
Name	FANT, ALAN J
Address	1600 SAWGRASS CORP PKWY, STE 400
City-State-Zip:	SUNRISE FL 33323
Title	V
Name	NORWALK, RICHARD M
Address	1600 SAWGRASS CORP PKWY, STE 400
City-State-Zip:	SUNRISE FL 33323
Title	VP, SECRETARY
Name	HELFMAN, STEVEN M
Address	1600 SAWGRASS CORP PKWY, STE 400
City-State-Zip:	SUNRISE FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD M. NORWALK

VP

04/17/2017

Electronic Signature of Signing Officer/Director Detail_____
Date