

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725490** (7)
1. Corporation Name
HILLCREST MANOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 64 INDIAN ROCKS BCH FL 34635 P O BOX 64 INDIAN ROCKS BCH FL 34635

3. Date Incorporated or Qualified **02/06/1973** 3a. Date of Last Report **03/30/1995**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number 59-1618605	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable	
23	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
25	Country	29	Country	30			
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

BERDAT, HENRY
13646 PEBBLE DRIVE
LARGO FL 34644

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Henry Berdat* **HENRY BERDAT** DATE **2/6/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERDAT, HENRY	1.2 NAME	
STREET ADDRESS	13646 PEBBLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERS, GARY	2.2 NAME	VICE PRESIDENT
STREET ADDRESS	11307 REGAL LANE	2.3 STREET ADDRESS	VICTOR HIXSON
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	13683 PLACID DR.
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEON, THOMAS R.	3.2 NAME	
STREET ADDRESS	1112 N 137 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CECILIA	4.2 NAME	
STREET ADDRESS	13840 JOYCE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMELL, ALLAN	5.2 NAME	DIRECTOR
STREET ADDRESS	13654 PLACID DRIVE	5.3 STREET ADDRESS	DOLORES POND
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	13828 Kimberly Dr.
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, RAYMOND	6.2 NAME	DIRECTOR
STREET ADDRESS	13890 JOYCE DR	6.3 STREET ADDRESS	TRACY MCKEON
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	11122 137 ST. N.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas R. McKeon* **THOMAS R. MCKEON** SECRETARY DATE **2/2/96** (813) 596-5967

CR2E037 (12/95)