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**Mar 04 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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 33785-0064

3. Date Incorporated or Qualified **02/06/1973** 3a. Date of Last Report **02/09/1996**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		Suite, Apt. #, etc.		City & State		Zip		Country		FEI Number	Applied For
P O BOX 64 INDIAN ROCKS BCH FL 34635		P O BOX 64 INDIAN ROCKS BCH FL 33785-0064						33785		USA		59-1618605	Not Applicable
Certificate of Status Desired		Election Campaign Financing Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes								<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees <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 **THOMAS R. MCKEON**
82 Street Address (P.O. Box Number is Not Acceptable) **1122 137 ST. N.**
83
84 City **LARGO** FL 85 Zip Code **33774**

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 *Thomas R. McKeon* **Thomas R. McKeon** 2/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE - NAME	P BERDAT, HENRY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	13646 PEBBLE DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE - NAME	VP HIXSON, VICTOR	<input type="checkbox"/> DELETE
STREET ADDRESS	13683 PLACID DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE - NAME	S MCKEON, THOMAS R.	<input type="checkbox"/> DELETE
STREET ADDRESS	1112 N 137 ST	
CITY-ST-ZIP	LARGO FL	
TITLE - NAME	T JOHNSON, CECILIA	<input type="checkbox"/> DELETE
STREET ADDRESS	13840 JOYCE DR	
CITY-ST-ZIP	LARGO FL	
TITLE - NAME	D POND, DOLORES	<input type="checkbox"/> DELETE
STREET ADDRESS	13828 KIMBERLY DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE - NAME	D MCKEON, TRACY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	11122 137 STREET NORTH	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERESA M. MCKEON	
1.3 STREET ADDRESS	11122 137 ST. N.	
1.4 CITY-ST-ZIP	LARGO, FL 33774	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D PEGGY KOPKE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	13790 JOYCE DR.	
6.3 STREET ADDRESS	LARGO, FL 33774	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 2/7/97 596-5967
Signature and typed or printed name of signing officer or director Date Daytime Phone # 002240

CR2E037 (9/96)