

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725490 (7)**  
1. Corporation Name  
**HILLCREST MANOR HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P O BOX 64 INDIAN ROCKS BCH FL 33785 US</b>	Mailing Address <b>P O BOX 64 INDIAN ROCKS BCH FL 33785 US</b>
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3. Date Incorporated or Qualified <b>02/06/1973</b>	
4. FEI Number <b>59-1618605</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Zip	<b>29</b> Country
<b>25</b> Country	<b>30</b> Zip

9. Name and Address of Current Registered Agent  
**MCKEON, THOMAS R  
11122 137 ST N  
LARGO FL 33774**

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: *Thomas R. McKeon* **3/25/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistings) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCKEON, THERESA M</b>		1.2 NAME	
STREET ADDRESS <b>11122 137TH ST N</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HIXSON, VICTOR</b>		2.2 NAME <b>Marsha Weaver</b>	
STREET ADDRESS <b>13683 PLACID DRIVE</b>		2.3 STREET ADDRESS <b>11380 Harmony Court</b>	
CITY-ST-ZIP <b>LARGO FL</b>		2.4 CITY-ST-ZIP <b>Largo, FL 33774</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MCKEON, THOMAS R.</b>		3.2 NAME <b>S</b>	
STREET ADDRESS <b>1112 N 137 ST</b>		3.3 STREET ADDRESS <b>Linda Zubek</b>	
CITY-ST-ZIP <b>LARGO FL</b>		3.4 CITY-ST-ZIP <b>13986 Bonnie Brae Drive</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, CECILIA</b>		4.2 NAME	
STREET ADDRESS <b>13840 JOYCE DR</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POND, DOLORES</b>		5.2 NAME	
STREET ADDRESS <b>13828 KIMBERLY DRIVE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KOPKE, PEGGY</b>		6.2 NAME	
STREET ADDRESS <b>13790 JOYCE DR</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL</b>		6.4 CITY-ST-ZIP	

14. I 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: *Theresa M. McKeon* **Theresa M. McKeon** *Asst Sec* **596-5967**

CR2E037 (10/97)