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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725490

1. Corporation Name

HILLCREST MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P O BOX 64
 INDIAN ROCKS BCH FL 33785
 US

Mailing Address

P O BOX 64
 INDIAN ROCKS BCH FL 33785
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

02/06/1973

4. FEI Number 59-1618605

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE P
 NAME MCKEON, THERESA M
 STREET ADDRESS 11122 137TH ST N
 CITY-ST-ZIP LARGO FL

TITLE VP DELETE
 NAME WEAVER, MARSHA
 STREET ADDRESS 11380 HARMONY COURT
 CITY-ST-ZIP LARGO FL 33774

TITLE S DELETE
 NAME ZUBEK, LINDA
 STREET ADDRESS 13896 BONNIE BRAE DRIVE
 CITY-ST-ZIP LARGO FL 33774

TITLE T DELETE
 NAME JOHNSON, CECILIA
 STREET ADDRESS 13840 JOYCE DR
 CITY-ST-ZIP LARGO FL

TITLE D DELETE
 NAME POND, DOLORES
 STREET ADDRESS 13828 KIMBERLY DRIVE
 CITY-ST-ZIP LARGO FL

TITLE D DELETE
 NAME KOPKE, PEGGY
 STREET ADDRESS 13790 JOYCE DR
 CITY-ST-ZIP LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 NAME VP
 2.2 NAME Peggy Kopke
 2.3 STREET ADDRESS 13790 Joyce Drive
 2.4 CITY-ST-ZIP Largo, FL 33774

3.1 TITLE Change Addition
 3.2 NAME S
 3.3 STREET ADDRESS Thomas R. McKeon
 3.4 CITY-ST-ZIP 11122 137th Street N.
 Largo, FL 33774-4135

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME D
 6.3 STREET ADDRESS David Stonebrook
 6.4 CITY-ST-ZIP 11206 137th Street N.
 Largo, FL 33774-4135

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, with all other like empowered.

SIGNATURE: Theresa M. McKeon (727) 596-5967 3/18/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)