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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 # 730270 (6)

1. Corporation Name
HILLHOUSE MANAGEMENT, INC.



Principal Place of Business: 601 W. OLD HWY., #441 PO BOX 1429 MOUNT DORA FLORIDA 32757
Mailing Address: 601 W. OLD HWY., #441 PO BOX 1429 MOUNT DORA FLORIDA 32757-1429

3. Date Incorporated or Qualified: 07/23/1974
3a. Date of Last Report: 06/14/1996

2. Principal Place of Business
21 601 W. OLD HWY 441
Suite, Apt. #, etc.
22 P.O. Box 1429
City & State
23 MOUNT DORA, FLORIDA
Zip Country
24 32756-1429 25 LAKE
2a. Mailing Address
26 601 W. OLD HWY 441
Suite, Apt. #, etc.
27 P.O. Box 1429
City & State
28 MOUNT DORA, FLORIDA
Zip Country
29 32756-1429 30 LAKE

4. FEI Number: 59-1677904
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ANDERSON, RUTH
601 W OLD HWY 441 4A
MT DORA FL 32757

10. Name and Address of New Registered Agent
81 Name: DENTON COOK
82 Street Address (P.O. Box Number is Not Acceptable): 601 W. OLD HWY 441, 9A
83
84 City: MOUNT DORA FL 85 Zip Code: 32757

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: DENTON COOK
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)
DATE: FEB. 3, 1997

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, BEVERLY	
STREET ADDRESS	601 W. OLD HWY., #441 9-B	
CITY-ST-ZIP	MOUNT DORA FLORIDA 32757	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, RUTH	
STREET ADDRESS	601 W. OLD HWY., #441 4-A	
CITY-ST-ZIP	MOUNT DORA FLORIDA 32757	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NATION, JAMES	
STREET ADDRESS	601 W. OLD HWY., #441 1-A	
CITY-ST-ZIP	MOUNT DORA FLORIDA 32757	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SWAN, ESTHER	
STREET ADDRESS	601 W. OLD HWY., #441 8-B	
CITY-ST-ZIP	MOUNT DORA FLORIDA 32757	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCRACKEN, TRACY	
STREET ADDRESS	601 W. OLD HWY., #441 12-A	
CITY-ST-ZIP	MOUNT DORA FLORIDA 32757	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENTON COOK	
1.3 STREET ADDRESS	601 W OLD HWY 441, 9A	
1.4 CITY-ST-ZIP	MOUNT DORA, FLORIDA 32757	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LELAND LARASON	
2.3 STREET ADDRESS	601 W. OLD HWY 441, 3B	
2.4 CITY-ST-ZIP	MOUNT DORA, FLORIDA 32757	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JACOB RICE	
5.3 STREET ADDRESS	601 W. OLD HWY 441, 6B	
5.4 CITY-ST-ZIP	MOUNT DORA, FLORIDA, 32757	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: DENTON COOK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-3-97 Daytime Phone #: 352-383-0719

CR2E037 (9/96)