

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

801 W OLD HWY 441  
P O BOX 1429  
MOUNT DORA FL 32756-429  
US

601 W. OLD HWY., #441  
PO BOX 1429  
MOUNT DORA FLORIDA 32756-429  
US

3. Date Incorporated or Qualified

07/23/1974

4. FEI Number

59-1677904

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 32756-1429 25

29 32756-1429 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, DENTON  
601 W OLD HWY 41, 9A  
MOUNT DORA FL 32757

81 Name HELEN GAY BONOLLO  
82 Street Address (P.O. Box Number is Not Acceptable)  
601 W. OLD HIGHWAY 441, 6A  
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 *Helen Gay Bonollo* Feb 3, 1998

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, DENTON	
STREET ADDRESS	601 W OLD HWY 441, 9A	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LARASON, LELAND	
STREET ADDRESS	601 W OLD HWY 441, 3B	
CITY-ST-ZIP	MOUNT DORA FL	
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	RICE, JACOB	
STREET ADDRESS	601 W OLD HWY 441, 6B	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HELEN GAY BONOLLO	
1.3 STREET ADDRESS	601 W. OLD HWY. 441, 6A	
1.4 CITY-ST-ZIP	MOUNT DORA, FL. 32757	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOROTHY M. LEUSTIG	
2.3 STREET ADDRESS	601 W. OLD HWY 441, 11A	
2.4 CITY-ST-ZIP	MOUNT DORA, FL. 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 M. WESTSTRATE	
5.3 STREET ADDRESS	601 W. OLD HWY 441, 6B	
5.4 CITY-ST-ZIP	MOUNT DORA, FL. 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 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: *Helen Gay Bonollo* Feb 3, 1998 352-383-4955

CR2E037 (10/97)