

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90010 042 \*\*\*\*61.25

**DOCUMENT # 730270**  
 1. Entity Name  
**HILLHOUSE MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
**601 W OLD HWY 441** **601 W. OLD HWY., #441**  
**P O BOX 1429** **PO BOX 1429**  
**MT DORA FL 32756-1429** **MOUNT DORA FLORIDA 32756-1429**  
**US** **US**

**24075859**



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1677904** Applied For Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**BONOLLO, HELEN G**  
**601 W OLD HIGHWAY 441, 6A**  
**MOUNT DORA FL 32757**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BONOLLO, HELEN G	
STREET ADDRESS	601 W. OLD HIGHWAY, 6A	
CITY - ST - ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCRACKEN, TRACY	
STREET ADDRESS	601 W. OLD HWY 441, 3B	
CITY - ST - ZIP	MOUNT DORA FL 32757	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLAKESLEE, CATHERINE	
STREET ADDRESS	601 W OLD HWY 441 2A	
CITY - ST - ZIP	MOUNT DORA FL 32757	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FARNHAM, ROSWELL	
STREET ADDRESS	601 W OLD HWY 441 7A	
CITY - ST - ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOREHOUSE, NELSON	
STREET ADDRESS	601 W OLD HWY 441 7B	
CITY - ST - ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKESLEE, KATHERINE	
STREET ADDRESS	601 W OLD HWY 441 2A	
CITY - ST - ZIP	MOUNT DORA, FL. 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: HELEN GAY BONOLLO Helen Gay Bonollo** 2/2/04 352-383-4950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #