

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90016 022 ****61.25

DOCUMENT # 730270

1. Entity Name
HILLHOUSE MANAGEMENT, INC.

Principal Place of Business
 601 W OLD HWY 441
 P O BOX 1429
 MT DORA FL 32756-1429
 US

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/07)

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

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 **MCCRACKEN, TRACY**
 Street Address (P.O. Box Number is Not Acceptable)
601 W. OLD HIGHWAY 441, 3B
 City **MOUNT DORA** FL Zip Code **32757**

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 *Tracy McCracken*
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature (if used when registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONOLLO, HELEN G		NAME	MCCRACKEN, TRACY	
STREET ADDRESS	601 W. OLD HIGHWAY, 6A		STREET ADDRESS	601 W OLD HWY 441, 3B	
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP	MOUNT DORA, FL. 32757	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRACKEN, TRACY		NAME	MOREHOUSE, NELSON	
STREET ADDRESS	601 W. OLD HWY 441, 3B		STREET ADDRESS	601 W. OLD HWY 441 7B	
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP	MOUNT DORA, FL. 32757	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNHAM, ROSWELL		NAME	VINGOE, LYDIA	
STREET ADDRESS	601 W OLD HWY 441 7A		STREET ADDRESS	601 W. OLD HWY 441 11A	
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP	MOUNT DORA, FL. 32757	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOREHOUSE, NELSON		NAME	TARBY, TY	
STREET ADDRESS	601 W OLD HWY 441 7B		STREET ADDRESS	601 W. OLD HWY 441 11B	
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP	MOUNT DORA, FL. 32757	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINGOE, LYDIA		NAME		
STREET ADDRESS	601 W. OLD HWY 441 11A		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Tracy McCracken* 2-21-08 PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Date of Filing #)

2/22/08 #2538