


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90066 023 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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 *Helen Gay Bonollo* 2/3/03 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

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 checked="" type="checkbox"/> Delete
NAME	LEUSTIG, DOROTHY M	
STREET ADDRESS	601 W OLD HWY 441, 11A	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCRACKEN, TRACY	
STREET ADDRESS	601 W. OLD HWY 441, 3B	
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* 2/3/03 352-383-4955

CR2E037 (10/02)