## 2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # <b>752293</b> HILL LAKE HOMEOWNERS' A	SSOCIATION, INC.	•	S	b 08, 200 ecretary	00 8:00 of Stat	e
Principal Place of Business		Mailing Address					
C/O MCGRORY MANAGEMENT 6905 ESCOBAR CT. BOCA RATON FL 33433 US		C/O MCGRORY MANAGEMENT 6905 ESCOBAR CT. BOCA RATON FL 33433-7541 US		)   1881  -  188	BOO1(	6389 Militari ilitari ilitar	I <b>(10</b> 13 ) <b>(4</b> 1
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & State		City & State		4. FEi Numbei	59-2144698		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 Add Fee Required	
C/O MCGI 6905 ESC BOCA RA	6. Name and Address of Current I  7, ALBERT D.  RORY MANAGEMENT  OBAR CT  TON FL 33433  named entity submits this statement for		City	.ddress (P.O. Box Number	·	FL Zip Code	ı
SIGNATURE  Signature, typed or printed name of registered agent an  FILE NOW:  FEE IS \$61.25		9. Election Campaign Financing \$5.0 Trust Fund Contribution.		\$5.00 May Be Added to Fees	Depar	neck Payable to	
10.	OFFICERS AND DIR		11. TITLE	ADDITIONS/CHA	NGES TO OFFICERS A	ND DIRECTORS IN	10 Additio
NAME STREET ADDRESS CITY-ST-ZIP	D SWARTZ, KATHY 6726 BRIDLEWOOD CT. BOCA RATON FL	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Grange	
TITLE  NAME  STREET ADDRESS  _CITY-ST_ZIP+	D HARRINGTON, CHARLES 6799 BRIDLEWOOD CT. BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIED, HARVEY 6848 BRIDLEWOOD COURT BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARKIN, GAIL 6879 BRIDLEWOOD CT BOCA RATON FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, ;;		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	VD	☐ Delete	TITLE NAME STREET ADDRESS	D GUSKIEWIZ,		☐ Change	☐ Addition
CITY-ST-ZIP	BOCA RATON FL.		CITY-ST-ZIP	6838 BRIDLE	-WUUD CUUK	<u> </u>	:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

HARVEYN FRIED PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

561-394-5248

Daytime Phone (