


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90021 003 ****61.25

DOCUMENT # N00000000834

1. Entity Name
PARK HILL ESTATES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
 % RESIDENTIAL REALTY GROUP
 2001 PALM BEACH LAKES BLVD., SUITE 402
 WEST PALM BEACH, FL 33409

Mailing Address
 % RESIDENTIAL REALTY GROUP
 2001 PALM BEACH LAKES BLVD., SUITE 402
 WEST PALM BEACH, FL 33409

44013798

2. Principal Place of Business
 % CMC Management, Inc.
 Suite, Apt. #, etc.
 2994 Jog Road, Suite B

3. Mailing Address
 % CMC Management, Inc.
 Suite, Apt. #, etc.
 2994 Jog Road, Suite B

City & State
 Greenacres, FL 33467

City & State
 Greenacres, FL 33467

Zip
 Country

Zip
 Country



02162004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 CMC MANAGEMENT
 2994 JOG ROAD STE B
 C/O SCOT A GARRISH
 LAKE-WORTH, FL 33467

4. FEI Number
 65-1006347

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 CMC Management
 Street Address (P.O. Box Number is Not Acceptable)
 2994 Jog Road STE B
 C/O Scot A. Gerrish
 City
 Greenacres, FL FL Zip Code
 33467

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: *Scot A. Gerrish* Manager Date: *March 10, 2004*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete COTE, STEVEN 1043 PARK HILL DRIVE WEST PALM BEACH, FL 33415	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input checked="" type="checkbox"/> Delete SPRY, JACK E 1011 PARK HILL DRIVE WEST PALM BEACH, FL 33415	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	<input type="checkbox"/> Delete PAYNE, PAMELA M 1041 PARK HILL DRIVE HAVERHILL, FL 33417	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	<input type="checkbox"/> Delete RINGELSTEIN, JO 1009 PARK HILL DRIVE WEST PALM BEACH, FL 33415	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input checked="" type="checkbox"/> Delete CARTER, DONALD 1046 PARK HILL DR WEST PALM BEACH, FL 33415	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input checked="" type="checkbox"/> Delete WILLIAMS, JOYCE 1040 PARK HILL DRIVE WEST PALM BEACH, FL 33415	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 empowerment.

SIGNATURE: *[Signature]* Date: *3/1/04* Daytime Phone #: *561-641-1016*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR