


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

FILED
May 01, 2003 8:00 am
Secretary of State

03-19-2003 90133 031 ****61.25

DOCUMENT # N02000002777

1. Entity Name
HILLCREST OWNERS ASSOCIATION OF GAINESVILLE, INC



Principal Place of Business
**727 HIGHWAY 98 EAST
DESTIN FL 32541**

Mailing Address
**727 HIGHWAY 98 EAST
DESTIN FL 32541**

2. Principal Place of Business
2516 NW 43RD ST

3. Mailing Address
2516 NW 43RD ST

Suite, Apt. #, etc.

City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

Zip
32606

Country

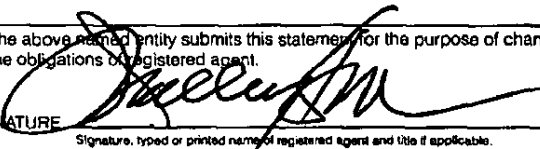


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BURKE, LES W
221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent
Name: **JEFFREY KROPP**
Street Address (P.O. Box Number is Not Applicable): **2516 NW 43RD ST**
City: **GAINESVILLE FL** Zip Code: **32606**

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: **3/18/03**

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 checked="" type="checkbox"/> Delete
NAME	SCHINZ, F.W.	
STREET ADDRESS	727 HIGHWAY 98 EAST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, RON	
STREET ADDRESS	277A AZALEA DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BURKE, LES W	
STREET ADDRESS	221 MCKENZIE AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN WHITERAFT	
STREET ADDRESS	2516 NW 43RD ST	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY KROPP	
STREET ADDRESS	2516 NW 43RD ST	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adrienne Kropp	
STREET ADDRESS	2516 NW 43RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
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:  DATE: **3/18/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/0/02)