

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90014 010 ****61.25



DOCUMENT # N02000004205

1. Entity Name

**THE HILLS HOMEOWNERS ASSOCIATION OF APOPKA,
INCORPORATED**

Principal Place of Business

1100 ROGER WILLIAMS AVENUE
APOPKA FL 32703

Mailing Address

1100 ROGER WILLIAMS AVENUE
APOPKA FL 32703

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, BARBARA
1481 HOLLYHOCK CIRCLE
APOPKA FL 32703**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

TITLE **P** Delete
NAME **SCOTT, WILLIS DR.**
STREET ADDRESS **1468 GLENWOOD CIRCLE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** Delete
NAME **TERPEL, JOHN Turpel (correct)**
STREET ADDRESS **1331 FLAMINGO CIRCLE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** Delete
NAME **DORLAND, GRAND**
STREET ADDRESS **1318 EVERGLADES CIRCLE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** Delete
NAME **KRAFT, EVELYN**
STREET ADDRESS **1271 DOVER CIRCLE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **V** Delete
NAME **BOWEN, JOHANNA**
STREET ADDRESS **1313 FLAMINGO CIRCLE**
CITY-ST-ZIP **APOPKA FL 32803**

TITLE **S** Delete
NAME **STEWART, BARBARA**
STREET ADDRESS **1481 HOLLYHOCK CIRCLE**
CITY-ST-ZIP **APOPKA FL 32703**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **vp** Change Addition
NAME **Jones, Virginia**
STREET ADDRESS **1480 Glenwood Circle**
CITY-ST-ZIP **Apopka, FL. 32703**

TITLE Change 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: Dr. Willis Scott, Pres.

Dr. Willis Scott

2/22/04 407-884-9473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #