


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90129 038 \*\*\*\*65.00

<b>DOCUMENT # N02000004205</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEWART, BARBARA 1481 HOLLYHOCK CIRCLE APOPKA, FL 32703			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, WILLIS DR.		NAME		
STREET ADDRESS	1468 GLENWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>TURPEL, JOHN</del>		NAME	DeMoranville, Edgar	
STREET ADDRESS	<del>1331 FLAMINGO CIRCLE</del>		STREET ADDRESS	1337 Flamingo Circle.	
CITY-ST-ZIP	<del>APOPKA, FL 32703</del>		CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DORLAND, GRAND		NAME		
STREET ADDRESS	1318 EVERGLADES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAFT, EVELYN		NAME		
STREET ADDRESS	1271 DOVER CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, VIRGINIA		NAME		
STREET ADDRESS	1480 GLENWOOD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, BARBARA		NAME		
STREET ADDRESS	1481 HOLLYHOCK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		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: <i>Barbara Stewart</i>		Date: <i>1/25/05</i>		Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					