


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

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**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT 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**

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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: *Barbara Stewart* (NOTE: Registered Agent signature required when reinstating)

DATE: 2/6/06

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCOTT, WILLIS DR.
STREET ADDRESS	1468 GLENWOOD CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	DEMORANVILLE, EDGAR
STREET ADDRESS	1337 FLAMINGO CIR
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	DORLAND, GRAND
STREET ADDRESS	1318 EVERGLADES CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	KRAFT, EVELYN
STREET ADDRESS	1271 DOVER CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	V
NAME	JONES, VIRGINIA
STREET ADDRESS	1480 GLENWOOD CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	S
NAME	STEWART, BARBARA
STREET ADDRESS	1481 HOLLYHOCK CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703

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 02/21/06-80021-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 B. Scott* DATE: 2/6/06 DAYTIME PHONE #: 407 446-8238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR