


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90013 003 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, MARLYS 1247 DOVER CIR APOPKA FL 32703			7. Name and Address of New Registered Agent Name: <u>ELAINE L. WALLACE</u> Street Address (P.O. box Number is Not Acceptable): <u>1205 DOVER CR.</u> City: <u>APOPKA</u> FL Zip Code: <u>32703</u>		
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: <u>Elaine L. Wallace</u> DATE: <u>1-28-08</u>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	R	<input checked="" type="checkbox"/> Delete	TITLE	P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, EDWARDS		NAME	ELAINE L. WALLACE	
STREET ADDRESS	1247 DOVER CIR		STREET ADDRESS	1205 DOVER CR.	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMORANVILLE, EDGAR		NAME	ROBERT CANAVAN	
STREET ADDRESS	1337 FLAMINGO CIR		STREET ADDRESS	1480 GLENWOOD CR.	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORLAND, GRAND		NAME	FLORENCE RIVER	
STREET ADDRESS	1318 EVERGLADES CIRCLE		STREET ADDRESS	1162 Altamonte Ce.	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAFT, EVELYN		NAME	Audrey Perry	
STREET ADDRESS	1271 DOVER CIRCLE		STREET ADDRESS	1487 Hollyhock Cr.	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	V	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIGAEZ, ANN		NAME	STAN MIGAEZ	
STREET ADDRESS	1378 EVERGLADES CIR		STREET ADDRESS	1378 EVERGLADES C.	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, MARLYS		NAME	MARY FISHER	
STREET ADDRESS	1247 DOVER CIR		STREET ADDRESS	1210 Cassieberry Ce.	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	



1st MOORE CR2E037 (10/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Elaine L. Wallace DATE: 1-28-08