

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004205

FILED
Jun 23, 2009
Secretary of State

Entity Name: THE HILLS HOMEOWNERS ASSOCIATION OF APOPKA, INCORPORATED

Current Principal Place of Business:

1100 ROGER WILLIAMS AVENUE
APOPKA, FL 32703

New Principal Place of Business:

1100 ROGER WILLIAMS AVENUE
APOPKA, FL 32703 US

Current Mailing Address:

1100 ROGER WILLIAMS AVENUE
APOPKA, FL 32703

New Mailing Address:

1205 DOVER CIRCLE
APOPKA, FL 32703 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALLACE, ELAINE L
1205 DOVER CR
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLACE, ELAINE L
Address: 1205 DOVER CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: CANAVAN, ROBERT
Address: 1480 GLENWOOD CR
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: RICHER, FLORA
Address: 1162 ALTAMONTE DR
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: KRAFT, EVELYN
Address: 1271 DOVER CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: V () Delete
Name: MIGAEZ, ANN
Address: 1378 EVERGLADES CIR
City-St-Zip: APOPKA, FL 32703

Title: S () Delete
Name: FISHER, MARY
Address: 1210 CASSLEBERRY CR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE L WALLACE

P

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date