


FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90036 040 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002533			
1. Entity Name HILLTOP PRESERVE HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business BLOSSOM HOLDINGS, LLC 1390 LAKE JOSEPHINE DR SEBRING, FL 33875		Mailing Address BLOSSOM HOLDINGS, LLC 1390 LAKE JOSEPHINE DR SEBRING, FL 33875	
2. Principal Place of Business - No P.O. Box # <i>Craig Meehan</i>		3. Mailing Address <i>Craig Meehan</i>	
Suite, Apt. #, etc. <i>6002 Rolling Vista Loop</i>		Suite, Apt. #, etc. <i>6002 Rolling Vista Loop</i>	
City & State <i>Dover, Florida</i>		City & State <i>Dover, Florida</i>	
Zip <i>33527</i>	Country <i>Hillsborough</i>	Zip <i>33527</i>	Country <i>Hillsborough</i>
6. Name and Address of Current Registered Agent HIGH, PATRICK BLOSSOM HOLDINGS, LLC 1390 LAKE JOSEPHINE DR SEBRING, FL 33875		7. Name and Address of New Registered Agent Name <i>Craig Meehan</i> Street Address (P.O. Box Number is Not Acceptable) <i>6002 Rolling Vista Loop</i> City <i>Dover</i> FL Zip Code <i>33527</i>	
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 <i>Craig D. Meehan</i>		SIGNATURE <i>Craig Meehan</i> DATE <i>4-24-7</i>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D HIGH, S PATRICK 1390 LAKE JOSEPHINE DR SEBRING, FL 33875 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <i>Craig D. Meehan</i> <i>6002 Rolling Vista Loop</i> <i>Dover, FL 33527</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, RICHARD C 4001 MCLANE DR TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <i>Debra Summers</i> <i>6030 Rolling Vista Loop</i> <i>Dover, FL 33527</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <i>Joe Edwards</i> <i>6028 Rolling Vista Loop</i> <i>Dover, FL 33527</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Craig D. Meehan</i>		SIGNATURE <i>Craig D. Meehan</i> DATE <i>4-24-7</i> 813-223-0945	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

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04182007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required