


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90031 036 \*\*\*\*61.25

**DOCUMENT # N04000002533**

1. Entity Name  
**HILLTOP PRESERVE HOMEOWNER'S ASSOCIATION, INC.**



**40114865**



Principal Place of Business  
**CRAIG MEEHAN**  
**6002 ROLLING VISTA LOOP**  
**DOVER, FL 33527**

Mailing Address  
**CRAIG MEEHAN**  
**6002 ROLLING VISTA LOOP**  
**DOVER, FL 33527**

2. Principal Place of Business - No P.O. Box #  
**6024 ROLLING VISTA LOOP**

3. Mailing Address  
**P.O. BOX 902**

Suite, Apt. #, etc.

05232008 Chg-NP CR2E037 (12/06)

City & State  
**DOVER, FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip  
**33527-0902**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**MEEHAN, CRAIG**  
**6002 ROLLING VISTA LOOP**  
**DOVER, FL 33527**

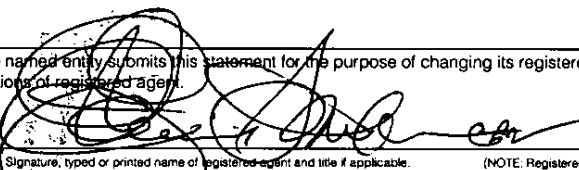
7. Name and Address of New Registered Agent

Name **J. MICHEAL SMITH CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**SMITH & ASSOCIATES CPA'S PA**  
**1601 RICKENBACKER DR. SUITE 9**

City **SUN CITY CENTER** FL Zip Code **33573-5332**

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 **MAY 23, 2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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

**Make check payable to Florida Department of State**

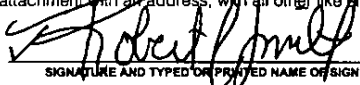
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEHAN, CRAIG D 6002 ROLLING VISTA LOOP DOVER, FL 33527	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOMMERS, DELORA 6030 ROLLING VISTA LOOP DOVER, FL 33527	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JOE 6028 ROLLING VISTA LOOP DOVER, FL 33527	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT J. SMITH P/D 6024 ROLLING VISTA LOOP DOVER, FL 33527-4266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIEL PERGAMENT VP/D 6031 ROLLING VISTA LOOP DOVER, FL 33527-4268	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WADE MULLINS S/T/D 6008 ROLLING VISTA LOOP DOVER, FL 33527-4266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  **ROBERT J. SMITH, PRESIDENT** Date **06-05-08** Daytime Phone # **(813) 758-8972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR