

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2009
Secretary of State**

DOCUMENT# N04000002533

Entity Name: HILLTOP PRESERVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6024 ROLLING VISTA LOOP
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 902
DOVER, FL 33527

New Mailing Address:

FEI Number: 26-2151607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

J. MICHAEL SMITH CPA
SMITH & ASSOCIATES CPA'S PA
1601 RICKENBACKER DR. SUITE 9
SUN CITY CENTER, FL 33573 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: PD () Delete
Name: SMITH, ROBERT J
Address: 6024 ROLLING VISTA LOOP
City-St-Zip: DOVER, FL 33527

Title: VD () Delete
Name: PERGAMENT, DANIEL
Address: 6031 ROLLING VISTA LOOP
City-St-Zip: DOVER, FL 33527

Title: STD () Delete
Name: MULLINS, WADE
Address: 6008 ROLLING VISTA LOOP
City-St-Zip: DOVER, FL 33527

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:

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: ROBERT J. SMITH

PD

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date