

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06521 (1)

1. Corporation Name
THE HILLSIDE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business: **12042 HOOSIER COURT BAYONET POINT FL 34667**
Mailing Address: **12042 HOOSIER COURT BAYONET POINT FL 34667**

3. Date Incorporated or Qualified: **12/06/1984**
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business 21 10730 U. S. 19	2a. Mailing Address 26 10730 U. S. 19	4. FEI Number 59-2632215	Applied For Not Applicable
Suite, Apt. #, etc. 22 Suite 17	Suite, Apt. #, etc. 27 Suite 17	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Port Richey, FL	City & State 28 Port Richey, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 34668	Country 25 Pasco	29 34668	30 Pasco
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**TUCKER, STANLEY
824 EAST FLETCHER AVENUE
TAMPA FL 33612**

81 Name: **Qualified Property Management, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable): **10730 U.S. 19**
83 **Suite 17**
84 City: **Port Richey** FL 85 Zip Code: **34668**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE: VPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SHERWOOD, TOM		1.2 NAME: Koczan, Charles	
STREET ADDRESS: 12041 HOOSIER COURT, 201		1.3 STREET ADDRESS: 7721 Hillside Ct. 102	
CITY-ST-ZIP: BAYONET PT FL		1.4 CITY-ST-ZIP: Bayonet Point, FL	
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CORNELL, HAROLD		2.2 NAME:	
STREET ADDRESS: 12133 SPARTAN WAY 204		2.3 STREET ADDRESS:	
CITY-ST-ZIP: BAYONET PT FL		2.4 CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TRANK, ROSEMARY		3.2 NAME:	
STREET ADDRESS: 12027 HOOSIER CT 202		3.3 STREET ADDRESS:	
CITY-ST-ZIP: BAYONET PT FL		3.4 CITY-ST-ZIP:	
TITLE: TD	<input type="checkbox"/> DELETE	4.1 TITLE: VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROBERTS, JEFFREY		4.2 NAME:	
STREET ADDRESS: 7721 HILLSIDE CT 202		4.3 STREET ADDRESS:	
CITY-ST-ZIP: BAYONET PT FL		4.4 CITY-ST-ZIP:	
TITLE: VPD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MYERS, ROY		5.2 NAME: Tobianski, Jerry	
STREET ADDRESS: 121087 HOOSIER CT 102		5.3 STREET ADDRESS: 12141 Spartan Way 102	
CITY-ST-ZIP: BAYONET PT FL		5.4 CITY-ST-ZIP: Bayonet Pt. FL	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey H Roberts* **3/19/96** **(813) 862-3928**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)