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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06521 (1)
1. Corporation Name
THE HILLSIDE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business 10730 US 19 SUITE 17 PORT RICHEY FL 34668 US	Mailing Address 10730 US 19 SUITE 17 PORT RICHEY FL 34668-2883 US
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3. Date Incorporated or Qualified 12/06/1984	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2632215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent
**QUALIFIED PROPERTY MANAGEMENT INC.
10730 US 19
SUITE 17
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	MB <input type="checkbox"/> DELETE
NAME	KOCZAN, CHARLES
STREET ADDRESS	7721 HILSIDE CT. 102
CITY-ST-ZIP	BAYONET POINT FL
TITLE	PB <input checked="" type="checkbox"/> DELETE
NAME	GORNELL, HAROLD
STREET ADDRESS	42133 SPARTAN WAY 204-
CITY-ST-ZIP	BAYONET PT FL---
TITLE	SB <input checked="" type="checkbox"/> DELETE
NAME	FRANK, ROSEMARY
STREET ADDRESS	42027 HOOSIER CT-202
CITY-ST-ZIP	BAYONET PT FL---
TITLE	VFB <input type="checkbox"/> DELETE
NAME	ROBERTS, JEFFREY
STREET ADDRESS	7721 HILLSIDE CT 202
CITY-ST-ZIP	BAYONET PT FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	TOBIAANSKI, JERRY
STREET ADDRESS	12141 SPARTAN WAY 102
CITY-ST-ZIP	BAYONET PT FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ferguson, Tom
2.3 STREET ADDRESS	12136 Spartan Way 102
2.4 CITY-ST-ZIP	Bayonet Point, FL
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cooney, Pat
3.3 STREET ADDRESS	12130 Spartan Way 202
3.4 CITY-ST-ZIP	Bayonet Point, FL
4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Roberts (P/B) J. ROBERTS 3/19/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066315

CR2E037 (9/96)