

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam , 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		Mailing Address	
10730 US 19 SUITE 17 PORT RICHEY FL 34668 US		10730 US 19 SUITE 17 PORT RICHEY FL 34668 US	
21	2. Principal Place of Business	2a	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	22	27	27
	City & State		City & State
23	23	28	28
	Zip		Zip
24	24	29	29
	Country		Country
25	25	30	30

3. Date Incorporated or Qualified	
12/06/1984	
4. FEI Number	Applied For
59-2632215	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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
85	Zip Code

FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D- <input checked="" type="checkbox"/> DELETE
NAME	KOZAN, CHARLES-
STREET ADDRESS	7721 HILLSIDE CT 102 -
CITY-ST-ZIP	BAYONET POINT FL - -
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	GOONEY, PAT
STREET ADDRESS	12130 SPARTAN WAY 202 - - -
CITY-ST-ZIP	BAYONET PT FL
TITLE	PB <input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, JEFFREY - - - -
STREET ADDRESS	7721 HILLSIDE CT 202 - - - -
CITY-ST-ZIP	BAYONET PT FL - - -
TITLE	SB <input checked="" type="checkbox"/> DELETE
NAME	TOBIANSKI, JERRY - -
STREET ADDRESS	12144 SPARTAN WAY 102 - -
CITY-ST-ZIP	BAYONET PT FL - -
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, TOM - -
STREET ADDRESS	12136 SPARTAN WAY 102 - -
CITY-ST-ZIP	BAYONET POINT FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kozan, Charles
1.3 STREET ADDRESS	7721 Hillside Ct. 102
1.4 CITY-ST-ZIP	Bayonet Point, FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Spicuglia, Andrew
2.3 STREET ADDRESS	12125 Spartan 104
2.4 CITY-ST-ZIP	Bayonet Point, FL
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ledbury, Alma
3.3 STREET ADDRESS	12125 Spartan Way 101
3.4 CITY-ST-ZIP	Bayonet Point, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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 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: _____

CR2E037 (10/97)