

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90022 016 \*\*\*\*61.25

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• NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N06521**

1. Corporation Name  
**THE HILLSIDE CONDOMINIUMS ASSOCIATION, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>10730 US 19<br>SUITE 17<br>PORT RICHEY FL 34668<br>US | Mailing Address<br>10730 US 19<br>SUITE 17<br>PORT RICHEY FL 34668<br>US |
|--|--|



|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>12/06/1984   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2632215<br>Applied For<br>Not Applicable  |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                       |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
| Zip<br>29                            | Country<br>30             |   |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><br>QUALIFIED PROPERTY MANAGEMENT INC.<br>10730 US 19<br>SUITE 17<br>PORT RICHEY FL 34668 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|---|--|--|--|
| TITLE<br>PD<br>NAME<br>KOGZAN, CHARLES<br>STREET ADDRESS<br>7721 HILLSIDE CT SUITE 102 -<br>CITY-ST-ZIP<br>BAYONET POINT FL - | <input checked="" type="checkbox"/> DELETE | 1 1 TITLE<br>1 2 NAME<br>1 3 STREET ADDRESS<br>1 4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>ID<br>NAME<br>SPICUGLIA, ANDREW<br>STREET ADDRESS<br>12125 SPARTAN SUITE 104 -<br>CITY-ST-ZIP<br>BAYONET PT FL       | <input type="checkbox"/> DELETE            | 2 1 TITLE<br>2 2 NAME<br>2 3 STREET ADDRESS<br>2 4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>SB<br>NAME<br>LEDBURY, ALMA -<br>STREET ADDRESS<br>12125 SPARTAN WY SUITE 101 -<br>CITY-ST-ZIP<br>BAYONET PT FL -    | <input checked="" type="checkbox"/> DELETE | 3 1 TITLE<br>3 2 NAME<br>3 3 STREET ADDRESS<br>3 4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            | 4 1 TITLE<br>4 2 NAME<br>4 3 STREET ADDRESS<br>4 4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            | 5 1 TITLE<br>5 2 NAME<br>5 3 STREET ADDRESS<br>5 4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE            | 6 1 TITLE<br>6 2 NAME<br>6 3 STREET ADDRESS<br>6 4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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, with all other like empowered.

SIGNATURE: Mariann Bruzzi MARIANN BRUZZI Date: 3/10/99 (727) 862-8877  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2E037 (11/98)