

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90026 022 ****61.25

DOCUMENT # N06521
 1. Entity Name
THE HILLSIDE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business Mailing Address

10730 US 19 10730 US 19
 SUITE 17 SUITE 17
 PORT RICHEY FL 34668 PORT RICHEY FL 34668-2863
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2632215** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

QUALIFIED PROPERTY MANAGEMENT INC.
 10730 US 19
 SUITE 17
 PORT RICHEY FL 34668

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

EFFECTIVE MAR 2 2000

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SD RUBIN, FRAN -	<input checked="" type="checkbox"/> Delete STREET ADDRESS 7720 HILLSIDE CT. #104 -- CITY-ST-ZIP BAYONET POINT FL --	TITLE NAME SD Trank, Rosemary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 12027 Hoosier Court #202 CITY-ST-ZIP Bayonet Point, FL
TITLE NAME PD SPICUGLIA, ANDREW	<input type="checkbox"/> Delete STREET ADDRESS 12125 SPARTAN SUITE 104 CITY-ST-ZIP BAYONET PT FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP FERGUSON, TOM	<input type="checkbox"/> Delete STREET ADDRESS 12136 SPARTAN WAY #102 CITY-ST-ZIP BAYONET PT FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD BRUZZI, ANN --	<input checked="" type="checkbox"/> Delete STREET ADDRESS 7712 HILLSIDE CT. #202 CITY-ST-ZIP BAYONET PT. FL --	TITLE NAME TD Brinsa, Walter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 12027 Hoosier Court #104 CITY-ST-ZIP Bayonet Point, FL
TITLE NAME D BRYAN, SHARON-	<input checked="" type="checkbox"/> Delete STREET ADDRESS 12122 SPARTAN WAY #103 CITY-ST-ZIP BAYONET PT FL -	TITLE NAME D Waterfield, Doug	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 12136 Spartan Way #201 CITY-ST-ZIP Bayonet Point, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andrew Spicuglia ANDREW SPICUGLIA Date: 3/29/00 Daytime Phone #: 727-868-4176

CR2E037 (9/99)