

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90720 031 ****61.25

0054689

DOCUMENT # N06521

1. Entity Name

THE HILLSIDE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10730 US 19
 SUITE 17
 PORT RICHEY FL 34668
 US

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 SUITE 17
 PORT RICHEY FL 34668
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2632215

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 **PD** Delete
 NAME **GREENHALGH, JOHN -**
 STREET ADDRESS **12040 HOOSIER CT, #203 -**
 CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE **SD** Change Addition
 NAME **Slick, Linda**
 STREET ADDRESS **12041 Hoosier Court #102**
 CITY-ST-ZIP **Bayonet Point, FL**

TITLE **TD** Delete
 NAME **TOBIANSKI, GERALD**
 STREET ADDRESS **12141 SPARTAN WAY #102**
 CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **WP** Delete
 NAME **WATERFIELD, DOUG**
 STREET ADDRESS **12136 SPARTAN WAY, #201**
 CITY-ST-ZIP **BAYONET POINT FL**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **COOK, GEORGE**
 STREET ADDRESS **12042 HOOSIER CT, #102**
 CITY-ST-ZIP **BAYONET PT. FL**

TITLE **VD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Miller, Edward**
 STREET ADDRESS **12133 Spartan Way #201**
 CITY-ST-ZIP **Bayonet Point, FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Gerald J. Tobianski* **GERALD J. TOBIANSKI** 4-4-02 727-861-1052
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)