2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 06, 2005 8:00 am Secretary of State DOCUMENT # N06521 1. Entity Name 04-06-2005 90107 034 ****61.25 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-2632215 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUALIFIED PROPERTY MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) 10730 US 19 SUITE 17 PORT RICHEY FL 34668 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. I am familiar with, and accept the obligations of registered agent. 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 Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE □ Delete ☐ Change Addition TOBIANSKI, GERALD- NAME Scagel,Marie NAME 12141-3PARTAN-WAY #102---STREET ADDRESS STREET ADDRESS 7713 Hillside Drive #204 BAYONET POINT FL 94667 -CITY-ST-ZIP CITY-ST-ZIP Bayonet Point, FL TITLE Detete ☐ Change X Addition GREENHALGH, JOHN ---NAME NAME Chapman, Harold 12040 HOOSIER-GOURT #203- -STREET ADDRESS STREET ADDRESS 12035 Hoosier Ct BAYONET POINT FL ---CITY-ST-ZIP CITY-ST-ZIP Bayonet, Point, FL Delete TITLE TITLE Change S/D Addition COOK, GEORGE -NAME NAME Rodriguez, Janice 12042 HOOSIER CT; #102~ STREET ADDRESS STREET ADDRESS 12035 Hoosier Ct #203 DAYONET PT. FL --CITY-ST-7IP CITY-ST-7IP Bayonet Point, TITLE Delete TITLE Change ☐ Addition THOMAS, CAROLINE NAME NAME 12125 SPARTAN WAY, #204 STREET ADDRESS STREET ADDRESS BAYONET POINT FL CITY-ST-7IP CITY-ST-ZIP TIFLE ☐. Detete TITLE X Addition ☐ Change NAME NAME Carr, Marilyn STREET ADDRESS STREET ADDRESS 12041 Hoosier Ct #202 CITY-ST-ZIP CITY-ST-ZIP Bayonet Point, FL TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

HAROLD CHAPMAN

FILED