


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90239 027 ****61.25

DOCUMENT # N06521					
1. Entity Name THE HILLSIDE CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 10730 US 19 SUITE 17 PORT RICHEY, FL 34668 US			Mailing Address 10730 US 19 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		
Zip		Country	Zip		Country
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
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCAGEL, MARIE ---		NAME	Colantuoni, Elaine	
STREET ADDRESS	7743 HILLSIDE DR #204		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	BAYONET POINT, FL-34667		CITY-ST-ZIP	Port Richey, FL	
TITLE	FD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, HAROLD --		NAME	Chapman, Harold	
STREET ADDRESS	12035 HOOGLIER CT --		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	BAYONET POINT, FL--		CITY-ST-ZIP	Port Richey, FL	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ203, JANICE --		NAME	Rodriguez, Janice	
STREET ADDRESS	12035 HOOGLIER CT ----		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	BAYONET PT., FL----		CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, CAROLINE-		NAME	Tobianski, Gerald	
STREET ADDRESS	12125 SPARTAN WAY, #204		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	BAYONET POINT, FL--		CITY-ST-ZIP	Port Richey, FL	
TITLE	D --	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARR, MARILYN --		NAME	Carr, Marilyn	
STREET ADDRESS	12041 HOOGLIER CT #202 ---		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	BAYONET POINT, FL----		CITY-ST-ZIP	Port Richey, FL	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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: <i>Harold E. Chapman</i>			Date: 3/23/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		