

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90128 028 ****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

4. FEI Number **59-2632215**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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
Trust Fund Contribution.

\$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 **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 **PD-** Delete
NAME **~~WATERFIELD, DOUG~~**
STREET ADDRESS **~~12136 SPARTAN WAY; #201~~**
CITY-ST-ZIP **~~BAYONET POINT FL~~**

TITLE **PD** Change Addition
NAME **Greenhalgh, John**
STREET ADDRESS **12049 Hoosier Court #203**
CITY-ST-ZIP **Bayonet Point, FL**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD-** Delete
NAME **~~SHIGK, LINDA~~**
STREET ADDRESS **~~12044 HOOSIER COURT #102~~**
CITY-ST-ZIP **~~BAYONET POINT FL~~**

TITLE **SD** Change Addition
NAME **Mirra, Gloria**
STREET ADDRESS **12141 Spartan Way #101**
CITY-ST-ZIP **Bayonet Point, FL**

TITLE **D** Delete
NAME **MILLER, EDWARD**
STREET ADDRESS **12133 SPARTAN WAY #201**
CITY-ST-ZIP **BAYONET POINT FL**

TITLE **D** Change Addition
NAME **Scagel, Marie**
STREET ADDRESS **7713 Hillside Court #204**
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 Tobiaszki* **GERALD TOBIANSKI 3-27-03**

CR2E037 (10/02)