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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS .

DOCUMENT # N31369

1. Corporation Name

HILLCREST COUNTRY CLUB NO. 8 CONDOMINIUM, INC.

Principal Place of Business 1101 S HILLCREST CT HOLLYWOOD FL 33021

Mailing Address

1101 S HILLCREST CT HOLLYWOOD FL 33021

FILED Apr 14, 1999 8:00 am § Secretary of State

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Principal Place of Business	2a. Mailing Address	<u> </u>	3. Date Incorporated or Qualifed 03/24/1989	
21	26 Suite, Apt. #, etc.		4. FEI Number	Applied For
Suite, Apt. #, etc.	— · ' ' ·		65-0111622	Not Applicable
22	27 City & State			\$8.75 Additional
City & State		<u> </u>	5. Certificate of Status Desired	Fee Required
23	28 Zip	Country	6 Fleetier Compaign Financing	\$5.00 May Be
Zip Country		-, ´	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
24 25	29 30 of Current Registered Agent	<u> </u>	10. Name and Address of New Registered	
		81 Name	102110 0110	
HUDLER, (MR.) LYN	WW			
SUBMERACH		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1101 S HILLCREST CT		83	······	
HOLLYWOOD 33021		65		
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections	s 617.0502 and 617.1508, Florida Statutes	, the above-named con	poration submits this statement for the purpose of	f changing its registered
office or registered agent of both in	the State of Florida. Such change was autitue obligation of, Section 617,0503, Florid	TORIZED DV IIIE COIDOIAU	ion's board of directors. I hereby accept the appo	Intment as registered
	(1./). 0 + (Mr.) Evnn W. Hu	dler, President φ	19/99
SIGNATURE Juneaure, typed or printed name of re		egistered Agent signature requir	ed when reinstating) DATE	
	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE D	☐ DELETE	1.1 TITLE V		Change Addition
NAME SUBIN, IRA		1.2 NAME S	everance, John,	
STREET ADDRESS 1101 S. HILLCREST CT	ſ.	1.3 STREET ADDRESS	of S. HillcrestCT	
CITY-ST-ZIP HOLLYWOOD FL 3		1.4	ollywood [1 33021	
TITLE TD/PD	☐ DELETE	2.1 TITLE	<u> </u>	Change Addition
NAME HUDLER, LYNN W. ((M R.)	2.2 NAME	BARBOZA, ADA	
STREET ADDRESS _1101 S. HILLCREST CT		2.3 STREET ADDRESS	BARBOZA, ADA	
CITY-ST-ZIP HOLLYWOOD FL 3			tolly-wood, C1 33021	
me D	RDELETE	3.1 TITLE		Change Addition
NAME NOVAK, MIKE		3.2 NAME	•	•
STREET ADDRESS 1011 S. HILLGREST C		3.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
TOTAL SALOOD FI		3.4. CITY-ST-ZIP		· .
TITLE V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
A W LUCA DIDILEY		4. 2 NAME	•	
1	r			,
STREET ADDRESS 1101 S. HILLCREST CT		4.3 STREET ADDRESS		,
	3021 □ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		, Change Addition
TITLE SD	C DELETE	5.1 HILE 5.2 NAME		
NAME WHITE, JUNE	F	5.3 STREET ADDRESS		
STREET ADDRESS 1601 S. HILLCREST CT			• •	
)	33021	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE D	DELETE			C subtribe C volution
NAME BECKERMAN, WENDY		6.2 NAME)
STREET ADDRESS 1101 S. HILLCREST CT		6.3 STREET ADDRESS		
CITY-ST-ZIP HOLLYWOOD FL 3302	1 <u> </u>	6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: