


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90035 017 ****61.25

DOCUMENT # N31369					
1. Entity 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 #306 HOLLYWOOD, FL 33021			
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 65-0111622	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEVERANCE, JOHN 1101 S HILLCREST CT HOLLYWOOD, FL 33021			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	V	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, DOUGLAS		NAME	Lynn Hudler	
STREET ADDRESS	1101 S. HILLCREST CT.		STREET ADDRESS	1101 S. Hillcrest Court	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Hollywood, Florida 33021	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEVERANCE, JOHN		NAME	Jacqueline C. Gabriel	
STREET ADDRESS	1101 S. HILLCREST CT.		STREET ADDRESS	1101 S. Hillcrest Court	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Hollywood, Florida 33021	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, LUCY		NAME		
STREET ADDRESS	1101 S HILLCREST CT		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKERMAN, WENDY		NAME		
STREET ADDRESS	1101 S. HILLCREST CT.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUELS, SONDR		NAME		
STREET ADDRESS	1101 S. HILLCREST CT		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBOZA, ADA		NAME		
STREET ADDRESS	1101 S HILLCREST CT		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		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>John Severance</i>		JOHN SEVERANCE		3-21-06 954-964-4982	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50005360



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