


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90127 024 \*\*\*\*61.25

**DOCUMENT # N44634**

1. Entity Name  
 HILLCREST COUNTRY CLUB NO. 9, INC.




Principal Place of Business  
 1001 S. HILLCREST CT., #9  
 HOLLYWOOD, FL 33021 US

Mailing Address  
 6915 TAFT STREET  
 HOLLYWOOD, FL 33024 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03302005 Chg-NP CR2E037.(10/03)

6. Name and Address of Current Registered Agent

NATHANSON, PEARL  
 1001 S. HILLCREST CT. #112  
 HOLLYWOOD, FL 33021

4. FEI Number  
 65-0312938

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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 \_\_\_\_\_ 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, 2005

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	BROWN, SUZANNE	
STREET ADDRESS	1001 HILLCREST CT #302	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	<b>PRES.</b>	<input type="checkbox"/> Delete
NAME	NATHANSON, PEARL	
STREET ADDRESS	1001 HILLCREST CT #12	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	ORENZO, PHIL	
STREET ADDRESS	1001 HILLCREST CT #102	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	<b>D VP</b>	<input type="checkbox"/> Delete
NAME	MCGEE, JOSEPH	
STREET ADDRESS	1001 HILLCREST CT #301	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	KALISH, SYLVIA	
STREET ADDRESS	1001 HILLCREST COURT, #112	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Pearl Natanson 3/31/05 904-966-8964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #