


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

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90047 036 \*\*\*\*61.25

<b>DOCUMENT # N48487</b>			
1. Entity Name <b>HILLCREST CONDOMINIUM NO. 1, INC.</b>			
Principal Place of Business <b>5200 WASHINGTON ST HOLLYWOOD, FL 33021</b>		Mailing Address <b>5200 WASHINGTON ST HOLLYWOOD, FL 33021</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number <b>65-0383857</b>	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>REINFELD, MILDRED</b> <b>5200 WASHINGTON ST</b> <b>HOLLYWOOD, FL 33021</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>BD</b> <b>MEUNIER, CLAUDE</b> <b>5200 WASHINGTON ST</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP</b> <b>Ann Riggione</b> <b>5200 Washington St</b> <b>Hollywood, FL 33021</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>BD</b> <b>NIKOLOULIAS, JOHN</b> <b>5200 WASHINGTON ST</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BD</b> <b>Bruce Warren</b> <b>5200 Washington St</b> <b>Hollywood, FL 33021</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>REINFELD, MILDRED</b> <b>5200 WASHINGTON ST APT 308</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BD</b> <b>Brenda Ciera</b> <b>5200 Washington St</b> <b>Hollywood, FL 33021</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>BREAULT, JOYCE</b> <b>5200 WASHINGTON ST</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BD</b> <b>Polly Swanson</b> <b>5200 Washington St</b> <b>Hollywood, FL 33021</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 lines empowered.			
SIGNATURE: <i>Mildred Reinfeld</i>		Date: <i>2/22/05</i> 959 Daytime Phone #: <i>961 5496</i>	

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