


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 004 ****61.25

DOCUMENT # N48487

1. Entity Name
HILLCREST CONDOMINIUM NO. 1, INC.



Principal Place of Business
**5200 WASHINGTON ST
 HOLLYWOOD, FL 33021**

Mailing Address
**5200 WASHINGTON ST
 HOLLYWOOD, FL 33021**

50000720



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01082007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**REINFELD, MILDRED
 5200 WASHINGTON ST.
 HOLLYWOOD, FL 33021**

4. FEI Number
65-0383857

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP MEUNIER, CLAUDE 5200 WASHINGTON ST HOLLYWOOD, FL 33021 <i>Apt 310</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD WARREN, BRUCE 5200 WASHINGTON ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD <i>Chica</i> GISA, BRENDA 5200 WASHINGTON ST APT- 000 110 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD SWANSON, POLLY 5200 WASHINGTON ST HOLLYWOOD, FL 33021 <i>apt 309</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>Ricci</i> RIGGLONER, ANN 5200 WASHINGTON ST HOLLYWOOD, FL 33021 <i>apt 104</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Reinfeld</i> REINFELD, MILDRED 5200 WASHINGTON ST HOLLYWOOD, FL 33021 <i>apt 306</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JOYCE BREAUIT 5200 WASHINGTON ST APT 307 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition OSCAR JARAMILLO 5200 WASHINGTON ST HOLLYWOOD, FL 33021 <i>apt 105</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Mildred Reinfeld*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 *954*
 Date Daytime Phone # *961-5496*